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REPORT

FINAL REPORT

Directory of Evaluations Administered by CDC's Office of Program Planning and Evaluation 1990-1995

To

Office of Program Planning and Evaluation,

Centers for Disease Control and Prevention

April 15, 1997

Battelle

Putting Technology To Work

Final Report

Contract No. 200-93-0626, Task 13

on

Directory of Evaluations Administered by the CDC Office of Program Planning and Evaluation 1990-1995

to

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Nancy Cheal, Project Officer

Centers for Disease Control and Prevention
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April 15, 1997

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Acknowledgements

We would like to take this opportunity to express our appreciation to the many staff at the Centers for Disease Control and Prevention (CDC) who have helped make this volume possible. We would first like to thank our Technical Monitor Wilma Johnson and our Project Officer Nancy Cheal of CDC's Office of Program Planning and Evaluation (OPPE) for the use of the OPPE Evaluation Database, which generated many of the data for the entries contained in this directory, and also for providing us with the final reports and other documents we used in compiling these project summaries. We would also like to thank the Planning and Evaluation contacts at CDC, who serve as liaisons between OPPE and the CDC Centers/Institutes/Offices, for their assistance in distributing our draft project summaries to the appropriate technical monitors for review. These P&E contacts (listed in alphabetical order) were: Don Betts, Lisa Daily, Marilyn DiSirio, Marjorie Greenberg,* Meredith Hickson, Georgi Jones, Ted Katz, Martin Landry, Laura Martin, * Nancy Couey-Pegg, Eva Seiler, and Donna Walker. Finally, we would like to thank the many CDC Technical Monitors who participated in this study, not only for their review of the project summaries contained herein, but also for their thoughtful and informative responses to our requests for assistance with other aspects of this study. Listed alphabetically, these technical monitors were:*

David Adcock
Francisco Averhoff
James Barrow
Andrew Baughman
Amy Blum
Sylvia Bostwick
Bud Bowen
Christine Branche-Dorsey
Robert Breiman
Vicki Burt
Nancy Chalmers
Robert Chen
Janet Collins
Richard Conlon
Floy Cross
Janelle Dixon
Robyn Brown-Douglas
John Drescher
Larry Edmonds
*Grace Emori**
Daniel Fishbein
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Jennifer Friday
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Yvonne Green
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Wes Hodgson
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Dennis McDowell
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Lloyd Potter
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*Dawn Satterfield**
Susan Schechter-Ryan
Thomas Schmid
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*Don Sharp**
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Esther Sumartojo
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Steve Wyatt

**Denotes P&E Contacts/Technical Monitors who served as members of the Advisory Panel for this study.*

Foreword

This directory is one of the products of a study conducted for the Office of Program Planning and Evaluation (OPPE) of the Centers for Disease Control and Prevention (CDC), completed in September 1995 and entitled "Assessment of the Programmatic Impact of (CDC) One-Percent Evaluation Studies." In the course of our work for this project, Battelle was asked to review the final reports of nearly 50 CDC evaluations completed during the years 1990 to 1995. We also reviewed workplans for some 40 additional studies in various stages of completion, in order to learn about recent trends in the CDC evaluation agenda.

During this review process, we came to appreciate the importance of these studies for CDC program staff in particular and for the field of public health in general. Many common themes ran through these evaluations—the trials and tribulations of monitoring the performance of public health programs, the growing importance of community outreach and mobilization, the evolving role of health communications in CDC's work, and concerns over the impact of managed care on the public health sector. In addition, many lessons were learned during the conduct of these studies that we felt would be of use to others contemplating similar evaluations. We therefore sought a means to share more widely the knowledge and experience contained within the covers of the CDC evaluation reports, and this directory is the result.

Clearly a "work in progress," in keeping with the ongoing and dynamic nature of evaluation at CDC, this directory includes both completed and yet-to-be completed studies, with project summaries reflecting the project's reported status as of August 1995. The volume is arranged according to the Study ID number assigned to each project as it is initiated through OPPE. The Table of Contents provides a quick overview of the studies included and the page numbers on which they appear . The directory is indexed at the back of the volume according to topic areas suggested by CDC program staff with whom we consulted—data collection methodology (e.g., survey, record abstraction), sponsoring center, contractor, funding source, funding mechanism, study topic area, CDC priorities, CDC strategies, aspect of program evaluated, study type (e.g., impact, case study), and study scope (e.g., national, state, local). A table of contents precedes the indices.

We hope this directory will stimulate mutually productive discussions of common evaluation issues among staff of the various CDC Centers/Institutes/Offices and perhaps even collaboration on future evaluative endeavors.

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Note: letters on end PCID # indicate project status.
See PIC staff for more information

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Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CCDP90-103 200-88-0643 Program-Funded	Green Yvonne (770)488-5200	7/20/90 3/1/91	RTI NCCDPHP $42,967.00	Evaluation Design Study for the Prevention of HIV in Women and Infants

Abstract:

This study was initiated by the Womens' Health and Fertility Branch (WHFB) of CDC as a means of supporting the design of the program services and evaluation component of the HIV in Women and Infants Initiative. The scope of work defined the task's purpose as assisting WHFB by assessing strengths and weaknesses of relevant existing program services and evaluation efforts, assessing barriers to successful implementation of relevant evaluation efforts; and determining the feasibility of successfully evaluating key indicators of program performance. This task's principal information gathering activity was a series of site visits to programs addressing prevention of HIV infection in women and infants.

Problem : This study was initiated by the Womens' Health and Fertility Branch (WHFB) of CDC as a means of supporting the design of the program services and evaluation component of the HIV in Women and Infants Initiative.

Objectives : The task's Scope of Work defines its purpose as assisting WHFB "by assessing strengths and weaknesses of relevant existing program services and evaluation efforts; assessing barriers to successful implementation of relevant evaluation efforts; and determining the feasibility of successfully evaluating key indicators of program performances.

Methodology: The task's principal activity was the gathering of information through a series of site visits to programs addressing prevention of HIV infection in women and infants. Contractor staff visited fifteen programs in five states during October and November of 1990. Discussions at each program followed an informal outline that had been approved by the Task Order Director. Whenever possible and appropriate, the site visit included observation of actual program operations.

For each program visited, we prepared a description of its goals, program activities, participants, and evaluation activities. These were supplemented in a document submitted to WHFB on December 14, 1990, by assessments of each program's evaluability. "Evaluability," as described by Wholey in "Evalution: Promise and Performance" (1979) refers to the extent to which programs have (1) well-defined objectives with quantifiable outcome indicators for which data can reasonably be obtained; (2) plausible links between program activities and intended effects; and (3) well-defined uses for evaluation results.

Findings : Few programs had explicitly defined their intended outcomes and many staff interviewed could not identify specific applications for which evaluation data were desired. Principal barriers to conduct of more extensive evaluation include lack of evaluation expertise among program staff, inadequate funds for evaluation, and programmatic limitations to the type of evaluation that can be done. Many programs relied almost exclusively on process measures, although even these data were not collected in all instances in which they might be useful. Those programs with the most extensive and sophisticated evaluation efforts were either consortia in which one partner was responsible for evaluation or had subcontracted evaluation responsibilities to another group.

Recommendations : Two important considerations in WHFB's planning for evaluation activities are (1) the specification of WHFB's own evaluation priorities and (2) the organization of evaluation activities within the Initiative. The extent to which information will be used to modify the

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CCDP90-103 200-88-0643 Program-Funded	Green Yvonne (770)488-5200	7/20/90 3/1/91	RTI NCCDPHP $42,967.00	Evaluation Design Study for the Prevention of HIV in Women and Infants

program over time and to justify its continued funding will be important to consider, as well as the amount of Initiative funding WHFB is willing to allocate to evaluation. Regarding the organization of evaluation activities, important questions include who will be responsible for conducting evaluations and whether strategies will be developed centrally or by individual grantees.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CCDP92-110 200-88-0641 Program-Funded	Hunt Pete (770)488-5343	2/24/93 1/20/95	Macro NCCDPHP $331,146.00	Evaluation of Policies, Practices, and the Extent to which Programs Have been Implemented to Prevent HIV Infection Among School-Aged Youth in State and Local Education Agencies Funded by the Centers for Disease Control

Abstract: *The purpose of this project was to evaluate (1) the extent to which state and local projects funded by CDC for strengthening school health education to prevent the spread of HIV have developed supportive policies, curricula, training, and evaluation methods that contribute positively to the implementation of such education; (2) the extent to which state and local capacity and infrastructure have been developed; and (3) the extent to which school health education to prevent the spread of HIV infection is implemented.*

Problem : CDC's Division of Adolescent and School Health (DASH) funded 72 HIV education programs through cooperative agreements with state and local education agencies.

Objectives : The purpose of this study was to develop a database that would enable CDC to answer specific evaluation questions regarding the development of the CDC-funded HIV education programs and the extent to which CDC policies and guidelines were followed during the five-year funding period.

Methodology: Using a comprehensive data abstraction instrument, data were abstracted from the following types of source documents: applications, progress reports, financial status reports, trip reports, reviewer evaluation reports, responses to reviewer evaluation reports, progress reports, program evaluation reports, curriculum descriptions, policy information, questionnaires, correspondence, surveys, and needs assessment reports. The data abstraction instrument had been developed collaboratively by DASH and contractor staff and was based on framework questions designed to capture specific data elements of interest to DASH. A pilot test of the data abstraction process was conducted using a draft instrument in eight sites (5 SEAs and 3 LEAs). After revision of the draft instrument according to pilot test findings, data elements were abstracted from the above-referenced documents for each funded year of the five-year period 1987-1992 for each program, and a database with 664 variables was composed from these elements. Individual site reports based on computer-generated data were produced and sent out to the HIV program directors (HIV PDs), who were requested to review the reports and accompanying abstraction instruments for verification of information. Subsequent telephone interviews were conducted with PDs to obtain clarification of responses submitted to this request. New or revised information obtained during the review process was entered into the database and final single-site reports were prepared.

Findings : The products of this study included the database itself and a data report and summary describing the methodology used to develop the database.

Recommendations : The methodology report included a discussion of data abstraction issues that arose during the course of developing the database and should be of assistance in further developing and maintaining it. Questions that yielded good results were those with clear response options that did not require a great deal of abstractor judgment and for which data existed in the files. Conversely, questions that required abstractors to make judgments (i.e., "substantial efforts" versus "included but not stressed") were difficult to quantify due to variance among programs. Also problematic were questions that generally remained unanswered due to lack of information or usable data in the files.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CCDP92-114 200-88-0642 Program-Funded	Bowen Bud (770)488-5013	3/2/93 9/30/95	Battelle NCCDPHP $300,000.00	Lessons from Implementing State-Based Diabetes Control Programs (DCP): An Evaluation

Abstract: *The project, conducted in two phases, was designed to (1) identify characteristics associated with successful state diabetes control programs; (2) develop recommendations to improve program quality; and (3) develop recommendations to improve evaluation. Phase I addressed the first two points and Phase II addressed the third.*

Problem :

In 1977, CDC began to fund cooperative agreements to conduct state-based diabetes control programs (DCPs). Throughout the 1980s, the program expanded with an increasing emphasis on preventing or minimizing diabetic complications, specifically eye disease, cardiovascular disease, lower-extremity amputations, and/or adverse outcomes of pregnancy. At the time of the study the program was providing roughly $175,000 to $180,000 a year to 26 states and one territory.

Despite concerted efforts on the part of the currently funded state DCPs, only a limited proportion of the diabetic population is being reached. Many primary care doctors lack basic clinical knowledge of diabetes and lack time and/or interest in obtaining such knowledge. There is still a general lack of awareness of the magnitude of diabetes as a public concern: in 1993, 90,000 women died from diabetes as opposed to 43,000 deaths from breast cancer.

Objectives :

This evaluation was prompted by the desire of CDC to obtain information about the accomplishments of and challenges faced by state DCPs at a time when the health care system is changing and when new medical advances open new scientific opportunities for diabetes control. It is hoped that this evaluation can offer guidance for planned expansion of the program. The purpose of the first phase of this project was to assess the effectiveness and identify exemplary practices of state-based diabetes programs in providing services with the potential of reducing diabetes-related mortality and morbidity. Phase II assessed the feasibility of an approach to evaluation using indicators emphasizing capacity building and infrastructure development.

Methodology:

In Phase I intensive site visits were conducted to a sample of nine DCPs in the summer of 1993. The study analyzed archival data and interviews with DCP and non-DCP personnel in state and local programs. The study looked for exemplary practices associated with four outcomes: (1) program reach--the number of persons screened, counseled, referred, and treated as the result of DCP activities; (2) system change in terms of improved coverage for diabetes services and increased numbers and types of providers and clinical settings offering diabetes services; (3) integration of diabetes services into ongoing medical service delivery; and (4) leveraging resources for and institutionalization of diabetes programs. In Phase II, CDC and the contractor formed an advisory group to develop indicators for evaluation.

Findings :

The state Diabetes Control Programs (DCPs) were found to have facilitated the expansion of diabetes services and produced a measurable impact on the services offered in a variety of areas, such as eye disease screening programs, third-party reimbursement for outpatient education, and leveraging resources for diabetes care. DCPs have also employed a number of successful strategies to effect systems change, such as assisting providers with claims issues, liaising with Medicaid staff, developing certification and quality assurance programs, and providing government representatives with data on diabetes burden to help them make informed legislative decisions. The DCPs would benefit from increased CDC support, particularly in the areas of facilitating information-sharing and providing technical assistance. There is also considerable need and opportunity for program evaluation that is tied to the

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CCDP92-114 200-88-0642 Program-Funded	Bowen Bud (770)488-5013	3/2/93 9/30/95	Battelle NCCDPHP $300,000.00	Lessons from Implementing State-Based Diabetes Control Programs (DCP): An Evaluation

needs of various state DCP programs. Loss of CDC funding would seriously impair programs in all nine states.

The Phase II study showed that requiring all states to respond to a highly specific set of expectations would not be feasible. On the other hand, a loose narrative approach to evaluation would also be infeasible. Therefore, a framework of indicators was developed as the basis for an evaluation strategy that will demonstrate the variety of ways in which DCPs are meeting the challenges of today's public health environment.

Recommendations : The report concludes that the CDC DCP cooperative agreements should be expanded to a national program serving all states and territories and more adequately funding activities within current DCP-funded states. State DCPs should plan demonstration programs in a way that encourages their eventual self-sufficiency. States should continue to be allowed flexibility in the types of program activities in which they engage. CDC should foster information-sharing and technical assistance across various DCPs and should provide technical and financial support for evaluation tailored to the needs of specific states.

The Phase II framework should be developed into a survey tool that can provide information for further planning, technical support, and targeted research or evaluation.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CCDP92-116 200-88-0641 Program-Funded	Watson Steve (770)488-5708	1/28/93 12/1/93	Macro NCCDPHP $94,000.00	Assessment of Information Dissemination Techniques-Smoking and Health

Abstract:

The purpose of this study was to develop recommendations for key management and operational aspects of OSH's information dissemination function, with particular emphasis on the response system. Although the study focuses on information dissemination, its broader context is OSH's evolving leadership role within the tobacco control community. Phases I and II of the project consisted of internal and external interviews. The external interviews were conducted with individuals representing federal agencies that might be using information approaches relevant to OSH. In addition to information dissemination models, reports of site visits and telephone interviews, the final report contains recommendations to OSH on organizational considerations and strategic planning.

Problem :

Since its inception in 1978, the Office on Smoking and Health (OSH) has played a central role in informing Americans about the health consequences of tobacco use. As the Nation's lead agency for public health efforts related to tobacco control, OSH has built on its information dissemination role and recently has taken an increasingly proactive stance in leading and coordinating national tobacco control efforts. An organizational milestone was the development in 1992 of a mission statement that reflects OSH's evolving role: to lead and coordinate strategic efforts aimed at the prevention and cessation of tobacco use and the protection of nonsmokers. This will be accomplished by (1) expanding the science base of tobacco control; (2) communicating information to constituents and the public; (3) facilitating concerted action with and among partners; and (4) building capacity to conduct tobacco control programs. Consensus around the mission statement, increased expectations paired with increased funding, and changes in the external environment combined to highlight the need to reassess assumptions about OSH's traditional approaches.

Objectives :

The purpose of this project was to provide recommendations about the structure, management, and key operational aspects of OSH's information dissemination program, with particular emphasis on improving the reach and effectiveness of the Office's information response system. Although the study focuses on OSH's information dissemination role, its broader context is OSH's evolving role within the tobacco control community.

Methodology:

Two data collection efforts were designed to gather information on OSH's current information dissemination functions and alternative approaches. The first was a set of internal interviews with OSH staff. This was followed by interviews with representatives from a number of government clearinghouses and information resource centers with topic areas, audiences, or other aspects of operations that would be relevant to OSH.

Findings :

Changes in the external environment have affected the mission and structure of OSH. The organizational focus is shifting from promoting awareness about the health consequences of smoking to broader issues such as educating about hazards of environmental tobacco smoke, influencing tobacco control policy, marketing to groups with persistent smoking patterns, and raising awareness of the role of the tobacco industry. OSH needs to be strategic in its efforts, focusing on key audiences and constituencies. A greater range of information products needs to be developed.

External model organizations with similarities of mission and activities frequently make use of contractors for their information dissemination programs. Technological advances are transforming the way information is provided by these external model organizations, all of

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CCDP92-116 200-88-0641 Program-Funded	Watson Steve (770)488-5708	1/28/93 12/1/93	Macro NCCDPHP $94,000.00	Assessment of Information Dissemination Techniques-Smoking and Health

whom are using or plan to employ automated telephone answering, for example. Three collaborative patterns identified for working with partners include (1) direct service to priority constituencies, (2) wholesaling to a network of information "retailers," and (3) joint planning, development, and dissemination of information products and services.

Recommendations : The recommendations revolve around certain central issues relating to smoking and the protection of the general public against the effects of environmental tobacco smoke. OSH will need to develop a strategic plan to help guide their efforts in the fulfillment of their mission objectives. A needs assessment should be conducted to obtain a clear understanding of the needs of OSH constituents. Each Branch/Activity will need a clear understanding of its role during each phase of the information dissemination process and should seek ways to coordinate information activities with other internal (CIOs) and external organizations interested in the smoking issue. Information that is readily available and information to be developed will have to be made accessible in a variety of formats to all target groups. A central telephone response line would be helpful for public inquiries; OSH should develop a tiered response system to match responses to priority audiences, conduct an inventory of referral sources, and produce a referral catalog for use by intake personnel. Tracking and monitoring activities should be instituted for the efficient collating, retrieval, and analysis of information. Strategic partnerships need to be forged as a way of furthering the goal of controlling tobacco use, with a special focus on involving groups who can serve as secondary disseminators of OSH information and who can serve as partners in collaborating in an overall national strategy.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CCDP93-107 200-93-0626 Program-Funded	Knutson Donna B. (770)488-4328	9/30/93 10/31/95	Battelle NCCDPHP $75,414.00	Development of a State Quarterly Reporting Database System for the Division of Cancer Prevention and Control (DCPC)

Abstract:

The purpose of this project was to develop a database to automate, assimilate, and evaluate quarterly report information from states funded under the National Breast and Cervical Cancer Early Detection Program. The database system will be a mechanism by which DCPC staff can more effectively and efficiently manage, assess, and evaluate the individual and collective progress of state programs in meeting national program objectives. The state quarterly data will be used to produce customized reports and tables. The project was initially conceptualized with a needs assessment and a design/implementation phase.

Problem :

The twofold purpose of this project was to (1) assess the current management system used by the Division of Cancer Prevention and Control (DCPC) of the Centers for Disease Control and Prevention (CDC) to track, assess, and evaluate states funded to conduct comprehensive breast and cervical cancer prevention and control programs; and (2) use the results of the assessment to provide DCPC with a more appropriate, automated Evaluation and Management Tracking System.

Objectives :

In keeping with the twofold purpose stated, evaluative objectives for the project included assessment of DCPC's current and future information management needs and use of data from this assessment to design and implement a new information system that might be incorporated into existing information systems, such as DCPC's Comprehensive Management Information System (Ca-MIS) or the Extramural Programs Management Information System (EPMIS). The new system was to be known as M-TRACK and was to be a mechanism by which DCPC staff could more effectively and efficiently manage, assess, and evaluate state programs.

Methodology:

The project was initially conceptualized with a needs assessment and a design/implementation phase, corresponding to the two primary objectives. Only the needs assessment phase was able to be completed.

The needs assessment phase included data collection in the following two categories: (1) identifying requirements for M-TRACK (the contractor conducted interviews with CDC stakeholders to identify their management information system requirements); and (2) attending briefings on two extant information systems at CDC, (a) HIV PROject Management Information System (PROMIS) and (b) DCPC's Extramural Programs Management Information System (EPMIS).

The contractor was requested to propose two options for the design/implementation phase; Option 1 suggested using the remaining project funds to develop a central database system that would include all questions in the Infrastructure module of the quarterly state progress report. Option 2 suggested developing a central database system and a State Data Entry Software that would include all the questions listed in all six modules of the quarterly state progress report.

Due to increasing complexity of the proposed data collection tool and the changing technical needs of state agencies administering breast and cervical cancer prevention programs under cooperative agreements with CDC, CDC and contractor staff agreed to terminate the task in August of 1995, prior to initiation of the design/implementation phase.

Findings :

This project was not completed and cannot be reported in the usual manner. As an example,

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CCDP93-107 200-93-0626 Program-Funded	Knutson Donna B. (770)488-4328	9/30/93 10/31/95	Battelle NCCDPHP $75,414.00	Development of a State Quarterly Reporting Database System for the Division of Cancer Prevention and Control (DCPC)

data collection per se never occurred. However, lessons learned for DCPC and CDC emerged. The work envisioned in this project reflected an ongoing need of DCPC for better access to knowledge about program implementation in states. Complex new forms for data collection from state agencies are not feasible, at least not in the present environment. This project could not be effectively focused because of a rapidly changing program environment at CDC and in the Public Health Service generally. This project was a captive of events. The congressional focus on possible Block Grant funding and decentralization of program accountability at the state level raised a great deal of uncertainty about the environment in which a DCPC data system would be implemented. An especially difficult issue was that of how much data CDC would be able to request from states and how standard a format would be possible given more differentiation of state programs.

Recommendations : DCPC should continue its efforts to mobilize programmatic data consistent with changing funding environments. A starting point might be for DCPC to use internal expertise to improve computer access to existing data such as MDEs. This will provide data on program reach to the target population and on the number of cases detected as a result. In addition, this will show the scale of the program in various states and will show areas in which improvements might be made. DCPC should not plan any new data collection over the next few years, but should watch for data that states must report as part of their own accountability for block grants and build on these whenever possible.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CCDP94-111 200-93-0697 Program-Funded	Brown-Douglas Robyn (770)488-5432	6/23/94 6/30/95	RTI NCCDPHP $92,608.00	Epilepsy Educational Intervention Effectiveness Study

Abstract:

The purpose of this study was to (1) search selected databases for descriptions of programs and activities that have been assessed for effectiveness and (2) convene a panel of experts who will provide advice on the development of a program inventory instrument, recommend critieria for assessing programs of excellence, and generate a list of programs that may meet the criteria for programs of excellence. The Epilepsy Program, which was initiated in January of 1994, will use these steps as a foundation for future evaluation studies of specific programs and activities.

Problem : Epilepsy is a chronic neurologic condition that affects approximately 1% of the population of the U.S. Congress instructed CDC to develop prevention education strategies to enhance health care providers' and consumers' knowledge of the cost-effective benefits of early intervention in the treatment of epilepsy. Subsequently, CDC initiated the Epilepsy Program in January 1994 to develop and implement a prevention education program focusing on the importance of early interventions. Through this program appropriate educational methods and programs for both health care providers and consumers will be developed and widely disseminated.

Objectives : The purpose of this study is to (1) search selected databases for descriptions of programs and activities that have been assessed for effectiveness and (2) convene a panel of experts who will provide advice on the development of a program inventory instrument, recommend criteria for assessing programs of excellence, and generate a list of programs that may meet the criteria for programs of excellence.

Methodology: As called for in the Statement of Work, the contractor will identify those prevention activities, materials, methods, and programs that have had the most positive effects on participants attitudes, knowledge, skills, or behaviors (e.g., patient education programs, medical school training, "alert kits," questionnaires, scales, etc.). In addition, generic criteria for assessing the strengths and weaknesses of available educational methods, materials, and programs will be produced in addition to a pilot test of the criteria in one field site.

Findings : Study currently under way

Recommendations : Study currently under way

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CCDP94-112 200-93-0696 Program-Funded	Fralish Chris (770)488-5050	9/30/94 1/10/96	Macro NCCDPHP $125,303.00	Evaluation of the NCCDPHP-Produced Chronic Disease Prevention (CDP) File

Abstract:

The purpose of this project was to evaluate the content and use of the Chronic Disease Prevention File and to assess user access to the files. The CDP File consists of the Health Promotion and Education Database, Comprehensive School Health Database, the Cancer Prevention and Control Database, and the Chronic Disease Prevention Directory. The specific issues to be addressed are (1) the extent to which the CDP File is being used; (2) whether the distribution strategy used for the file is sufficient; (3) the "user friendliness" of the database; (4) methods by which the CDP File could be improved from a user's perspective; and (5) whether the file's contents are meeting the needs of the users.

Problem :

Since the late 1970s the Technical Information Services Branch (TISB), Office of the Director, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has collected information on health promotion, health education, and disease prevention that supports NCCDPHP activities. TISB also helps health practitioners throughout the world locate information on health promotion and education methodology and application. In the early 1980s, TISB joined with three other federal information centers to form the Combined Health Information Database (CHID). Since 1985, when CHID became available to the pubic through a commercial database vendor, CHID has grown to include 21 subfiles produced by 17 federal information centers or clearinghouses. NCCDPHP, in conjunction with Aspen Systems, produces three CHID subfiles: Health Promotion and Education database, Comprehensive School Health Database, and Cancer Prevention and Control Database. These three subfiles became available as one on CD-ROM which is called the Chronic Disease Prevention File (CDP). CDP Files are updated biannually and are sent to states and cooperative agreement recipients as they become available.

Objectives :

Specific issues that were assessed as part of this project include the extent to which the CDP File is being used, whether distribution strategies are sufficient, the user-friendliness of the database, methods by which the CDP File could be improved from a user's perspective, and whether the file's contents are meeting the needs of the users.

Methodology:

The contractor developed and administered a questionnaire that addressed the general issues of demographics, knowledge and access, quantity of use, type of use, evaluation of use, and recommendations. This questionnaire was pilot tested and later administered to individuals identified as receiving CD-ROM or as potential users of the CDP File by position. The contractor then developed and conducted focus groups with a total of 40 CDP users and 40 CDP non-users.

Findings :

For convenience, major findings are presented in four categories: (1) awareness, (2) ability to access, (3) use, and (4) performance ratings of the CDP File. The perceived awareness and knowledge of the CDP File was limited among each primary audience surveyed with a majority of respondents in each category rating their knowledge of the CDP File as only moderate or less. Limited awareness of the CDP File was identified as the number one reason for not currently using the CDP File. With the exception of NCCDPHP staff respondents (who have direct CDP File access on their LAN) respondents reported significant difficulty in accessing the CDP database. Site coordinators and CA respondents consistently placed problems with access among the top three reasons for limited use of the CDP File. Given the substantial barriers of low awareness and limited access, it is not surprising that use of the

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CCDP94-112 200-93-0696 Program-Funded	Fralish Chris (770)488-5050	9/30/94 1/10/96	Macro NCCDPHP $125,303.00	Evaluation of the NCCDPHP-Produced Chronic Disease Prevention (CDP) File

CDP File is restricted to a small percentage of the targeted users. Less than a quarter of respondents across all three primary audiences reported that they currently use the CDP File. Given the large number of respondents who had not been able to use the CDP File to date, many found it difficult to rate the performance of the database. As such, a meaningful assessment of CDP File performance characteristics must wait until access and use have increased. Despite these limitations, the ratings provided by respondents who currently use the CDP File were positive. Particularly high ratings were given in the areas of "information accuracy," "cost-effectiveness" of information searching, information "relevance" and "value" to respondents' work, and "ease of access."

Recommendations : The study findings indicate several general recommendations for improving awareness, knowledge, and use of the CDP File: (1) reassess the format(s) in which the CDP File is provided to users; (2) develop a more integrated, synergistic marketing strategy; and (3) differentiate the CDP File from other databases. As critical information specialists supporting public health professionals in their state or territory, site coordinators are clearly positioned to be effective advocates for the CDP File; therefore, provide site coordinators with promotional and technical assistance. At a minimum, it would be helpful to provide site coordinators with additional materials that would aid in promoting additional options for accessing the CDP File. Though already indicated as a general recommendation, distinguish how the CDP File differs from other databases. Cooperative agreement recipients face numerous obstacles which limit their use of the CDP File. Most important among these are problems of awareness and access. While the most effective method for improving awareness is unclear, enhancing the role of NCCDPHP staff who monitor cooperative agreements provides a useful step toward increased awareness and use of the database. All of the materials used to promote the CDP File to CAs should be carefully reviewed to assure clarity and relevance. Given the low technological resources available in most cooperative agreements, training manuals and instruction must provide clarity and comprehension. By addressing the nature and value of the CDP File at the outset of a cooperative agreement, problems and questions experienced by existing CAs may be reduced, if not fully removed. Clearly, many CAs currently lack critical technological resources for using any of the currently available options for accessing the CDP File. It will be necessary to identify which particular technology components are most cost-effective either to provide or for the CAs to purchase. It is not immediately clear that the limited knowledge and use of the CDP File among NCCDPHP staff is problematic. However, it is important to stress the relevance of the CDP File to state and local partners and to differentiate the CDP File from other information resources.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CCDP94-113 200-93-0626 Program-Funded	Bowen Bud (770)488-5011	9/23/94 4/30/97	Battelle NCCDPHP $249,990.00	Developing an Evaluation Plan for CDC-Supported State-Based Diabetes Control Programs

Abstract:

Diabetes and diabetes-related complications are a major cause of morbidity and premature mortality in the U.S. Yet despite the existence of prevention programs for reducing this burden, recent investigations show that these are not being adequately or widely implemented. This study seeks to develop and implement an evaluation strategy to improve capacity for uniform assessment of states' progress in reducing the burden of diabetes in an evolving health system. The evaluation strategy will be developed over three phases: (1) developing an evaluation plan, (2) implementing an evaluation instrument, and (3) designing and conducting a special study in the area of health systems change.

Problem :

Diabetes and related complications are a major cause of morbidity and premature mortality in the U.S., but studies show that the large burden of diabetes is unnecessary. Although there is an awareness that diabetes is a common, serious disease which imposes a profound health burden, and that prevention programs for reducing this burden exist, recent investigations confirm that these prevention strategies are not being adequately or widely implemented in clinical and public health practice.

In the late 1990s, addressing this problem must occur in a climate of health systems change. Therefore, CDC, through its cooperative agreement, "State-Based Programs to Reduce the Burden of Diabetes: A Health Systems Approach" has been encouraging the core functions of public health, such as leadership and advocacy, in 42 states and four US-affiliated jurisdictions in the Pacific region. The study summarized below will develop and implement an evaluation strategy to improve capacity for uniform assessment of states' progress in reducing the burden of diabetes in an evolving health system.

Objectives :

The evaluation strategy will be developed over three phases: (1) developing an evaluation plan, (2) implementing an evaluation instrument, and (3) designing and conducting a special study in the area of health systems change. Three study objectives will be keyed to each of the three phases. These are: (1) develop evaluation questions based on priority capacity building and infrastructure indicators for core DCPs; (2) implement a survey that will yield a report on the progress made by DCPs in core capacity building and infrastructure development, which may be repeated for comparative purposes (in part or in its entirety, to all or a portion of the DCPs) later in the present funding cycle; and (3) identify key health systems change issues in the area of managed care that will generate lessons relevant to DCPs, considering their capacity and resources, and to members of the Division who assist DCPs.

Methodology:

The contractor has developed a set of survey items based on a literature review and on a framework developed with CDC and representatives of state DCPs as part of evaluation study CCDP92-114. The survey will be pilot tested and then, after OMB approval, will be sent to all 42 state-based DCPs. A comprehensive study of the response of a limited number of DCPs to managed care will also be undertaken.

Findings :

The findings of both activities will be linked so that CDC will have a comprehensive set of recommendations both for program guidance and for future program evaluation.

Recommendations :

The study is currently under way and recommendations are pending

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CCDP95-112 200-93-0626 Program-Funded	Collins Janet L. (770)488-5327	9/10/95 6/1/95	Battelle NCCDPHP $53,194.00	Summarizing Educational Outcomes of School Health Interventions

Abstract:

While school health programs have the potential to influence educational outcomes, no systematic review of research has been conducted to assemble the available evidence. CDC requests, through this task order, a systematic review of all available published literature on this topic; a synthesis and interpretation of findings; and, as a final product, an article that can be published describing the research base and major findings from the review. CDC defines school health programs to include the following eight components: (1) Health Education; (2) Health Services; (3) Physical Education; (4) Nutrition Services; (5) Counseling, Psychological, & Social Services; (6) Healthy School Environment; (7) Health Promotion for Staff; and (8) Parent/Community Involvement. Educational outcomes should be interpreted broadly to mean any reliable indicators related to attendance such as sick days, truancy, drop-out rates, academic achievement, and achievement test scores.

Problem :

Information about efficacy, costs, and effectiveness of school health programs for improving educational outcomes is needed for schools and school administrators to make decisions on the best way to spend limited funds to expand health programs and services that work. Most evaluations of educational programs do not include educational outcomes. In this project, research on school health programs is reviewed to identify evaluation studies assessing educational outcomes, such as absenteeism, academic achievement, and school dropout.

Objectives :

The objectives of the project are to (1) perform a systematic review of available published literature on educational outcomes of school health interventions for the last five years with landmark studies prior to 1990, (2) provide a reference list with abstracts and criteria of evaluation for all pertinent articles during the target period, and (3) synthesize and interpret findings from the citations in the reference list to address the quality of evidence on the relationship between school health programs and educational outcomes.

We examined four types of evaluations: (1) direct educational outcomes (absenteeism, drop-out rates, sick days, truancy, academic attainment, achievement test scores, etc.); (2) measures that indirectly affect educational outcomes (pregnancy reduction, contraceptive use, substance abuse levels, violent episodes, etc.); (3) indirect behavioral intentions (intention to avoid risky behaviors, intention to eat a healthful diet, intention to exercise regularly, intention to avoid smoking, etc.); and (4) no formal evaluation but subjective belief that an intervention will address the issues that limit educational progress.

Methodology:

A reference database of published literature in the fields of health, education, and social services was compiled from clearinghouses and databases. Database searches were limited to the most recent five years with the addition of landmark studies before 1990. The full citations including the abstracts of the pertinent articles and reports were downloaded, and the database was edited to remove duplicates and irrelevant citations. A summary report was produced for each of eight key components of school health programs. Summary tables listed the most pertinent articles, studies, and reports with key information about the type of program, the target audience, the goals, the sampling method, the criteria for evaluation, and the conclusions. Our search includes longitudinal studies that linked school health programs to health outcomes and health outcomes to educational outcomes. This provided a larger number of articles. Other documents were collected that show the linkage between health outcomes, health status, and educational outcomes. We also contacted programs that were mentioned in documents describing innovative

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CCDP95-112 200-93-0626 Program-Funded	Collins Janet L. (770)488-5327	9/10/95 6/1/95	Battelle NCCDPHP $53,194.00	Summarizing Educational Outcomes of School Health Interventions

school health programs to see if evaluation research that includes educational outcomes is in progress but has not yet been reported.

Findings : Multiple studies were reviewed that support the relationship between health and education showing that: (1) children with better health status have a higher level of educational functioning; (2) children from families who are in crises or chaos have more physical and mental health problems, health risk behaviors and perform poorly in school; (3) children whose parents are supportive and involved in the schools have a higher level of educational functioning and engage in fewer health risk behaviors; (4) problems that lead to school failure and adoption of adolescent health risk behaviors can be identified in elementary school when they are most responsive to intervention; and (5) both academic and health functioning respond to a total environmental approach that brings together the families, schools and communities to provide support and nurturance of children and adolescents.

Recommendations : Study only recently completed. Recommendations are currently under development

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC89E-107 200-90-7013 1%-Negotiated	Weed James (301)436-8951	6/15/90 3/15/93	JWK Intl NCHS $182,417.00	Vital Records Evaluation Using 1988 National Maternal and Infant Health Survey Data (NMIHS)

Abstract:

The purpose of this project was to compare selected data elements reported in the 1988 National Maternal and Infant Health Survey (NMIHS) with comparable information contained in the original vital records, maintained by the states, covering the same set of birth events and/or fetal deaths. Quality and completeness of vital records information was assessed, discrepancies with respect to NMIHS were identified, and the nature and frequency of the discrepancies were examined. Four major component areas were assessed: (1) checkbox items, (2) underlying cause of fetal death, (3) industry and occupation, (4) multiple causes of death.

These components were assessed in order to: (1) determine whether data collected for new items on birth certificates and reports of fetal death are complete and accurate, and identify the characteristics of the types of cases where misreporting is greatest; (2) determine (a) the underlying cause of death and (b) the quality and completeness of cause of death information in revealing underlying causes; and (3) assess the types and frequency of discrepancies between the reporting of industry and occupation on states' vital records and the NMIHS.

Problem :

The National Maternal and Infant Health Survey (NMIHS) is a collection of data needed by federal, state, and private researchers to study factors related to poor birth outcomes including low birth weight, stillbirth, infant illness, and infant death. The survey combines data from the National Natality Survey, the National Fetal Mortality Survey, and the National Infant Mortality Survey. In addition, vital records are linked with information collected from mothers who had a live birth, an infant death, or a fetal death; information from the hospital; and the prenatal care provider.

Objectives :

The purpose of this study is to compare selected data elements reported in the 1988 National Maternal and Infant Health Survey (NMIHS) with comparable information contained in the original vital records, maintained by the states, covering the same set of birth events and/or fetal deaths. To the extent practicable, the quality and completeness of the information reported in the vital record is to be assessed, discrepancies with respect to the NMIHS identified, and the nature and frequency of the discrepancies examined.

Methodology:

The study universe consists of 43 jurisdictions (42 states plus New York City) that met certain conditions for participation and agreed to participate. Each jurisdiction submitted copies of the live birth certificates and/or fetal death reports in its possession covering the specific mothers included in the 1988 NMIHS sample. The records were then made available to the contractor, under a non-disclosure agreement, for coding, creation of data files, and analysis against the NMIHS tapes. Over 3,200 live birth certificates and over 4,500 fetal death reports were used to compare with data from the NMIHS.

Findings :

Generally speaking, there were discrepancies between the information provided by mothers in the National Maternal and Infant Health Survey and the vital records. More specifically, discrepancies were shown in the information on the quality and completeness of industry and occupational information, in the areas of alcohol and tobacco consumption and reported weight loss/gain during the term of the pregnancy, and in the evaluation of the method of delivery indicating a need to make changes in the way items are worded. It became clear that individuals responsible for determining the underlying cause(s) of fetal death sometimes did not have a firm understanding of the distinction between the immediate cause and underlying cause of death. The result could be the miscoding of pertinent information.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC89E-107 200-90-7013 [illegible]%-Negotiated	Weed James (301)436-8951	6/15/90 3/15/93	JWK Intl NCHS $182,417.00	Vital Records Evaluation Using 1988 National Maternal and Infant Health Survey Data (NMIHS)

Recommendations : A number of findings pointed up a need to make changes in the wording of items or caveats necessary in analysis of the data.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC90E-100 200-88-0643 1%-Task Order	Barrow James (770)488-5269	6/13/90 9/30/91	RTI NCCDPHP $214,509.00	Evaluation of the Behavioral Risk Factor Surveillance System (BRFSS)

Abstract:

The Behavioral Risk Factor Surveillance System (BRFSS) has become the principal means for states to collect population-based health behavior data for chronic diseases and accidents, knowledge and attitudes about selected issues such as AIDS, and selected policy issues such as worksite smoking. This project evaluated the validity, reliability, and quality of data collected and provided recommendations for adjustments to assure accurate estimates.

Problem :

During the 1960s and 1970s, health agencies began to recognize that many personal behaviors, such as smoking, alcohol abuse, overeating to obesity, and physical inactivity, are risk factors for disease. Accordingly, many state health departments launched health education and risk reduction programs, designed to reduce the prevalence of these "behavioral risk factors" in the population. However, the states found that if the data they needed for planning or guiding these efforts were available at all, they either had been obtained by conducting household surveys or had been derived by using synthetic estimates based on the prevalence of such behaviors at the national level. Because of the expense of conducting household surveys, and the uncertainties inherent in applying national prevalence estimates at the state level, the states began seeking alternate data collection methods. The Behavioral Risk Factor Surveillance System (BRFSS) is a survey system for collecting, analyzing, and interpreting state-specific behavioral risk factor data. Its chief purpose is to help the states' public health departments plan, implement, and monitor health programs to address personal behaviors that may increase individuals' risk for disease.

Objectives :

As part of its ongoing effort to ensure that the BRFSS is (1) reliable, (2) useful to the states as well as to CDC, and (3) cost effective, CDC asked the contractor to evaluate the sampling design, the survey questionnaire, the means for implementing the BRFSS, and the ways that the system results are used.

Methodology:

To evaluate the BRFSS sampling design, a literature review of the alternatives was conducted and compared to the Mitofsky-Waksberg design currently used by most BRFSS states. To assess the validity of the questions asked and the ease of response, a number of methods were used, including literature review, cognitive forms appraisal, and think-aloud interviews with sample respondents. The implementation evaluation was based on site visits to 12 states to observe how they conducted the BRFSS. Focus group sessions and site visits to 10 of these same states were conducted to evaluate how the data results were being utilized.

Findings :

The final report for this project was divided into four distinct sections: (1) sample design, (2) question and measurement issues, (3) implementation, and (4) utilization. Each section of the report contained highly specific findings in each of these topic areas. One of the major findings was that the Plus-One sample design used by some states for the BRFSS has several faults: it does not provide complete coverage of all households with telephones, the probabilities of selection of telephone numbers are likely to be unequal and unknown, and it may produce biased estimates because not all working residential telephone numbers have a chance of being included. Another findings was that some potentially problematic question-asking strategies were evident across several sections of the 1990 BRFSS questionnaire. Additional findings include: (1) BRFSS personnel in the states are dedicated to the program and strive their best to collect high-quality data; (2) many aspects of data collection are not standardized across states and there is a general lack of written reference material for interviewers and supervisors; (3) the utility of the BRFSS for a given state hinges

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC90E-100 200-88-0643 1%-Task Order	Barrow James (770)488-5269	6/13/90 9/30/91	RTI NCCDPHP $214,509.00	Evaluation of the Behavioral Risk Factor Surveillance System (BRFSS)

largely upon the person in that state who is responsible for its analysis, interpretation, and dissemination; (4) some states have found that state-level data are not specific enough to answer questions at the county or local level; and (5) most states would like more technical assistance, especially in analysis and interpretation, and greater opportunities for networking.

Recommendations : Among the many recommendations made in this report were the following: (1) States should not use the Plus-One design for random digit dialing, but rather Mitofsky-Waksberg or a stratified design that uses as its frame all possible telephone numbers. (2) CDC should define a stable set of core BRFSS measurement goals and questionnaire items, perhaps using the Healthy People 2000 objectives as a starting point. (3) CDC should consider conducting small-scale cognitive laboratory research to pretest new BRFSS items. (4) CDC should make a formal decision about standardizing the survey instrument. (5) CDC should offer states additional funding and analysis and utilizaiton support to ensure that BRFSS data are appropriately analyzed. (6) CDC should actively pursue ways to improve comparability of BRFSS data, such as increasing sample size, encouraging adherence to sampling methods across states, and improving training. (7) CDC should encourage networking among states, as in regional-level conferences.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC90E-101 200-88-0642 1%-Task Order	Chalmers Nancy 639-0080	8/29/90 7/1/91	Battelle EPO $100,000.00	Evaluation of National Electronic Telecommunications System for Surveillance (NETSS)

Abstract: *This project provided information needed to effectively plan for the ongoing development, expansion and maintenance of NETSS. The project evaluated the following: efficiency of the current system; capacity of the current system to handle planned expansion and process data for other CDC surveillance systems; strategy for expanding the system; directions in which states would like the system to develop; state satisfaction with the system; resources needed to continue the development and expansion of NETSS; feasibility of developing and implementing a uniform/standard surveillance system; and plans to integrate NETSS into an epidemiologic workstation for use by state and local health departments.*

Problem : The purpose of this evaluation study was to assess the effectiveness of the National Electronic Telecommunications System for Surveillance (NETSS) in facilitating the movement of surveillance data between state health departments and the Centers for Disease Control. The study examined the fit of present and planned NETSS developments with trends in the computerization of the public health assessment function at CDC and in states and territories.

Objectives : The overall goal of this evaluation was to support CDC program planning for future development of NETSS and other electronic surveillance initiatives at CDC and in states. The evaluation had three objectives: (1) to see how the NETSS and related EPO activities operate at the present time to meet current surveillance needs at CDC and in the States; (2) to see how planned enhancements to NETSS and other EPO activities will meet present and future surveillance needs at CDC and in the States; and (3) to identify State and CDC needs which are not met by current or planned activities.

Methodology: This was a case-study evaluation based on interviews with staff at CDC and in six state and territorial health departments. The study had three components:

The primary source of data, both at CDC and in states, was interview data from public health staff who are users and operators of NETSS or who are otherwise involved in surveillance. Interview data were supported with written materials and direct observation of the operation of NETSS. A written protocol of interview questions was used in all state/territorial interviews to ensure that written documentation and observational data were compiled into reports of activities in programs and/or states. These reports were reviewed for accuracy and completeness by persons contributing data to their development. Analysis was performed with a comparative methodology in which conclusions were drawn on the basis of differences and similarities in data on key issues across staff from varying agencies, positions and states/territories.

Findings : EPO should move to a standard version of NETSS to replace the customized installation system presently in place. States and territories place heavy reliance on EPO for technical support of start-up, ongoing operation and staff training for NETSS and Epi Info and will likely to continue to do so, although some are developing in-house expertise. Epi Info is establishing itself as a standard for the management and rapid analysis of surveillance data. The feasibility of direct transmission of data to CDC, timely transmission summaries and rapid dissemination of the data depend on the development of a two-way capability in WONDER by IRMO. Because so much of planned NETSS activity depends on this capability, it is essential that EPO and IRMO work closely together as this development proceeds. Distributed data entry from district and local health departments is a high priority in states and territories. The usefulness of infectious disease surveillance data in states is improved by rapid collection and

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC90E-101 [redacted] 1%-Task Order	Chalmers Nancy 639-0080	8/29/90 7/1/91	Battelle EPO $100,000.00	Evaluation of National Electronic Telecommunications System for Surveillance (NETSS)

dissemination made possible by computer transmission of data because it improves the access of states to their own data. However, the advantages to states of rapid turnaround of national surveillance reports are less clear. Rapid turnaround may be less important than is better quality control and analysis capability.

Recommendations : The following priorities were recommended for planned upgrades and enhancements to NETSS: (1) the ADABASE/NATURAL re-write of the NETSS system at CDC should be given highest priority in terms of resources and in terms of a focus for planning, followed by (2) detailed documentation of the NETSS system as it is presently installed in the states and territories; (3) planning for standardization of state installations; (4) implementation of standardization of state installations; (5) promotion of an effective telecommunications "gateway" between states and CDC; and (6) measures to provide adequate technical support to states seeking distributed data entry at the county level. Software development priorities should be established on the basis of compatibility with the standard NETSS implementation and should not compete for resources with activities needed to maintain surveillance.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC90E-103 200-88-0641 1%-Task Order	Sumartojo Esther (404)639-8123	6/29/90 7/1/91	Macro NCHSTP $133,555.00	Evaluation of Private Provider Adherence to Recommendations for the Treatment of Tuberculosis Cases and Infection

Abstract:

The purpose of this study was to conduct a mailed questionnaire survey of a nationally representative sample of patient care physicians concerning their screening, treatment, and management practices for patients with tuberculosis infection or disease. The survey of physicians was conducted for the Division of Tuberculosis Elimination (DTBE), National Center for Prevention Services (NCPS), Centers of Disease Control and Prevention (CDC) and supports the Strategic Plan for the Elimination of Tuberculosis in the United States endorsed by the Secretary of the Department of Health and Human Services (DHHS) in 1989 and the Year 2000 Objectives for the Prevention and Control of Infectious Diseases. Results indicate that a substantial proportion of physicians are knowledgeable concerning recommended drug regimens for chemoprophylaxis of TB infection and recommended laboratory tests before placing patients on chemoprophylaxis, but many demonstrate a lack of knowledge concerning recommended drug regimens for active disease.

Problem :

Tuberculosis is a disease that many physicians and public health officials until recently had assumed was under control and rapidly approaching elimination as a significant public health concern. Surveillance showed a continuous decrease in the number of tuberculosis cases through the mid-1980s. However, in 1985, the rate of decline leveled off, and in 1989 and 1990, the number of cases increased.

Objectives :

The purpose of this study was to conduct a mailed questionnaire survey of a nationally representative sample of patient care physicians concerning their screening, treatment, and management practices for patients with tuberculous infection or disease. The specific objective was to assess physicians' knowledge of the joint tuberculosis prevention and treatment recommendations by the American Thoracic Society and the Centers for Disease Control and Prevention (ATS/CDC recommendations).

Methodology:

The target population for this study consisted of patient care physicians who have a high probability of treating tuberculosis or screening for tuberculosis infection. Specifically, the population was defined as currently active public and private patient care physicians, excluding interns, residents, and military physicians, (1) who identify themselves as having a primary practice specialty of infectious disease, pulmonology, pediatrics (general, neonatal and perinatal, and pediatric pulmonology), geriatrics, internal medicine, public health, family practice, or general practice; and (2) whose mailing address (location of practice) on the American Medical Association (AMA) database was in a zip code area that is defined as an area of high tuberculosis incidence. The sample included 3,600 physicians. The sample was stratified by area of training (specialist vs. generalist) and year of graduation from medical school (1941-65, 1966-80, 1981-91).

Findings :

The survey yielded 1,772 usable responses. Results indicate that a substantial proportion of physicians are knowledgeable concerning recommended drug regimens for chemoprophylaxis of tuberculosis infection and recommended laboratory tests before placing patients on chemoprophylaxis, but many lack knowledge concerning the recommended drug regimens for active disease. 59.4% of respondents described recommended treatment regimens. Specialists compared with generalists ($p<0.001$) and physicians with fewer years in practice ($p<0.001$) were more likely to describe a recommended regimen. Recommended regimens were also associated with experience with and knowledge of TB, location of training, types of patients, and sources used for TB information. Non-recommended regimens were associated

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC90E-103 200-88-0641 1%-Task Order	Sumartojo Esther (404)639-8123	6/29/90 7/1/91	Macro NCHSTP $133,555.00	Evaluation of Private Provider Adherence to Recommendations for the Treatment of Tuberculosis Cases and Infection

with serving inner-city and Medicaid patients and basing treatment decisions on personal experience. Significant variables in a logistic regression model were specialist compared with generalist training (OR = 2.62), use of professional publications for TB information (OR = 1.79), knowledge of CDC/ATS treatment recommendations (OR = 1.53), and reporting requirements for TB (OR = 2.06), having practices with >50% of patients in nursing homes (OR = 1.33), being in practice for >13 years (OR = 0.61) or >25 years (OR = 0.48), basing a regimen on personal experience (OR = 0.70), and having practices with >50% of patients receiving Medicaid (OR = 0.60).

Recommendations : A more effective method for disseminating treatment recommendations is indicated. Information needs to target older physicians, those not specializing in pulmonology or infectious diseases, and those serving populations at high risk for TB. The importance of adherence to treatment recommendations for TB must be emphasized.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC90E-104 200-88-0642 1%-Task Order	Breiman Robert (404)639-3052	5/10/90 2/1/92	Battelle NCID $741,449.00	Evaluation of Effectiveness of an Influenza Vaccination Demonstration Project in Reducing Serious Pulmonary Infections in the Elderly

Abstract:

This project provided information regarding the incidence of Influenza A among elderly individuals in areas where influenza vaccination has been actively promoted and in areas where it has not been promoted. In addition, the incidence of certain bacterial and viral etiologies of pneumonia will be determined. The project provided data regarding (1) influenza vaccine efficacy; (2) cost-effectiveness of an influenza vaccination promotion campaign for the elderly; (3) the effectiveness of various vaccination promotion techniques on vaccine utilization; (4) the effect of the influenza vaccination promotion campaign on the incidence of secondary acute respiratory bacterial and viral infections; and (5) the cost-effectiveness of routine Medicare reimbursement for influenza vaccination.

Problem :

Currently Medicare does not cover the cost of influenza vaccination, even though it pays for the cost of treatment. In response to this inconsistency, Congress mandated a demonstration of the cost effectiveness of Medicare coverage of influenza vaccination. The demonstration was conducted by the Health Care Financing Administration (HCFA) and the Centers for Disease Control and Prevention (CDC).

Objectives :

The objective of this evaluation was to assess the effectiveness of the Ohio Influenza Vaccination Demonstration Project in reducing the incidence of hospitalization for community-acquired pneumonia due to influenza among persons 65 and older.

Methodology:

This study compared rates of hospitalization for pneumonia, adjusted for age, sex, race, and smoking status, in two Ohio counties: (1) a demonstration county, where Medicare coverage for influenza vaccination, coupled with an intensive outreach effort to providers and the public, resulted in 61 percent of Medicare beneficiaries receiving flu shots prior to the 1991-1992 flu season; and (2) a comparison county, where only 42 percent of Medicare beneficiaries were vaccinated for influenza.

This study collected medical records on all adults hospitalized for pneumonia in the 15 hospitals serving the two counties during the 18 months between January 1991 and May 1992. As part of this study, medical records were abstracted on more than 5,000 patients. The study also conducted personal interviews and collected samples of acute and convalescent serum for laboratory analyses. This report describes the effect of the demonstration in persons 65 and older who were hospitalized with clinical symptoms of pneumonia that were confirmed by a radiologist's review of information from the admission chest X-ray.

Findings :

The demonstration project significantly reduced rates of hospitalization for radiographically-confirmed pneumonia among persons 65 and older. While adjusted rates of hospitalization were similar in the 2 counties during the non-flu season, they were significantly higher in the comparison than in the demonstration county during the 1990-1991 and 1991-1992 flu seasons. The increase in the adjusted rate of hospitalization during the two flu seasons (vs the non-flu season) was significantly greater in the comparison than in the demonstration county. Effects of the demonstration were observed only among persons 65 and older, the group eligible for free flu shots under Medicare coverage. It is estimated that among this age group the demonstration prevented approximately 340 days of hospitalization for pneumonia during the two flu seasons, suggesting that Medicare coverage of influenza vaccination in the Ohio demonstration more than paid for itself. The study found less evidence for the effect of the demonstration project when a broader definition of pneumonia

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC90E-104 200-88-0642 1%-Task Order	Breiman Robert (404)639-3052	5/10/90 2/1/92	Battelle NCID $741,449.00	Evaluation of Effectiveness of an Influenza Vaccination Demonstration Project in Reducing Serious Pulmonary Infections in the Elderly

was employed that included cases with clinical symptoms of pneumonia and a non-negative finding of pneumonia with a chest X-ray, possibly reflecting different etiologies for post-influenza and non-post-influenza pneumonia.

Recommendations : Medicare should provide coverage for influenza vaccination for those aged 65 and older. The data from this study indicate that the Ohio influenza vaccination project significantly reduced the number of hospitalizations for radiographically-confirmed pneumonia among persons 65 and older and that cost savings to society in reduced hospitalization and inpatient physician services more than paid for the costs of the Ohio demonstration program. Research should investigate effective and cost-efficient methods of implementing influenza vaccination programs. CDC should more thoroughly investigate subtypes of pneumonia that may have been affected by the vaccination program. Analysis of the study laboratory data, once they become available, could contribute new knowledge regarding the efficacy of the Ohio vaccination program.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC90E-105 N/A 1%-Task Order	Edmonds Larry (404)488-7171	8/1/90 3/30/95	CPHA NCEH $218,000.00	Evaluation of the BDMP in Fetal Alcohol Syndrome Surveillance

Abstract:

The Birth Defects Monitoring Program (BDMP)is a natural surveillance program in which researchers monitor and analyze hospital discharge data for birth defects and other newborn conditions. The BDMP was initiated at CDC in 1974. It is the only nationwide congenital defects surveillance program in the United States. Data from the BDMP is derived from discharge information sent by participating hospitals to health data processing systems. One such system is the Commission on Professional and Hospital Activities (CPHA), which collects information on about one million births a year. From this data are generated rates and trends of the occurrence of congenital malformations diagnosed in the newborn period. CPHA data will be employed to evaluate the usefulness of the BDMP for monitoring occurrences of FAS and to assess the potential for adverse pregnancy outcomes that may result from maternal use of other substances of abuse.

Problem : The Birth Defects Monitoring Program (BDMP) is a natural surveillance program in which researchers monitor and analyze hospital discharge data for birth defects and other newborn conditions. Initiated at CDC in 1974, the BDMP is the only nationwide congenital defects surveillance program in the United States. Data from the BDMP is derived from discharge information sent by participating hospitals to health data processing systems. One such system is the Commission on Professional and Hospital Activities (CPHA), which collects information on about one million births a year. From this data are generated rates and trends of the occurrence of congenital malformations diagnosed in the newborn period.

Objectives The objective of this study was to employ Commission on Professional and Hospital Activities (CPHA) data to evaluate the usefulness of the Birth Defects Monitoring Program (BDMP) for monitoring occurrences of Fetal Alcohol Syndrome (FAS) and to assess the potential for adverse pregnancy outcomes that may result from maternal use of other substances of abuse.

Methodology: The study is primarily based on data from abstractions of hospital medical records. Mother/infant matching pairs of medical records were obtained from participating hospitals in two separate phases: "infant as primary source" files (Phase 1) and "mother as primary source" files (Phase 2). For Phase 1, infant records were selected on the basis of the ICD-9 code for Fetal Alcohol Syndrome and the matching mother records were then pulled. For Phase 2, the records of mothers with a positive history of alcohol and substance abuse were selected and the matching infant records were then pulled. Follow-up telephone calls were made to those hospitals that refused participation in this study to ascertain their reasons for noncompliance (financial reasons or reasons associated with the ethics of sharing information on women who are substance abusers), which was an important aspect of the study.

Findings : The study is still under way and no findings are yet available.

Recommendations : The study is still under way and no recommendations are yet available

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC90E-106 200-88-0642 1%-Task Order	Burt Vicki (301)436-7080	8/17/90 9/30/91	Battelle NCHS $120,000.00	Evaluation of the Report of Findings from the Third National Health and Nutrition Examination Survey (NHANES III)

Abstract:

The purpose of this project was to evaluate the current methodology for reporting NHANES III findings in order to maximize the usefulness of the information to the health care of survey participants. The evaluation questions were: (1) what are the ramifications of reporting results to sample persons who have not identified a source of medical care; (2) how well does the current system work when abnormal results are found; (3) classes for which values are currently reported and in what manner; (4) the effectiveness of current methodology in all these aspects. Results showed that recall of exposure to NHANES III messages were excellent in all report groups; however, persons who received only a routine report and read it recalled these messages significantly less frequently than those who received and read a rapid report. The report outlines several major recommendations for future enhancement of the NHANES III reporting system.

Problem :

Conducted by NCHS, NHANES III is a national survey of the health and nutrition of Americans aged two months and older. Individuals are randomly selected to participate in the survey. Participants complete a home interview and also are given a series of medical examinations in a specially designed Mobile Examination Center (MEC) that NCHS has brought to their community. The MEC is usually in a given community for about four to six weeks, before being moved to the next survey examination site. NHANES III began in October 1988 and will end in October 1994. When completed, the survey will have examined persons from 88 sample areas.

Objectives :

This study was conducted to evaluate the reporting procedures used by the National Center for Health Statistics (NCHS) to report abnormal test results and/or high blood pressure measurements to participants in the Third National Health and Nutrition Examination Survey (NHANES III).

Methodology:

Information was collected on the reporting mechanisms used by nine other health surveys to identify standards of practice (or "community standards") that would be applicable to evaluating the NHANES III reporting system

A telephone follow-up survey was conducted with more than 600 NHANES III participants who had been notified of abnormal test results and/or a high blood pressure measurement, to investigate their recall, comprehension and doctor-contact responses to rapid reports and routine reports.

NHANES III reporting letters and forms were analyzed in view of the results of the follow-up survey, to make specific recommendations for improving the NHANES III reporting system.

Findings :

Recall of exposure to NHANES III messages was excellent in all report groups, with more than 90 percent of respondents remembering the receipt of a routine report or a high blood-pressure measurement taken at the survey examination center. Most participants complied with the recommendation to discuss their abnormal results with a doctor, although compliance was higher among persons who received a rapid report (80 percent) than among those who received only a routine report (about 50 percent). Below-average responses to NHANES III reporting practices were observed among Spanish-speaking respondents in general and Mexican-American respondents in particular, and to a lesser extent among black or elderly respondents. "Feeling well" at the time of notification, prior knowledge of abnormal test results, inability to pay, and not having a doctor were the most common reasons given for failure to consult a doctor. In a number of important aspects, NHANES III reporting practices

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC90E-106 200-88-0642 1%-Task Order	Burt Vicki (301)436-7080	8/17/90 9/30/91	Battelle NCHS $120,000.00	Evaluation of the Report of Findings from the Third National Health and Nutrition Examination Survey (NHANES III)

met or exceeded standards established in a review of other large health studies that performed tests on their participants.

Recommendations : Study recommendations included (1) rewriting cover letters and reports so as not to exceed an 8th-grade reading level, (2) providing additional printed information on the disease or condition reported, (3) conducting further analysis of the rapid-report procedures to determine superior features that could be applied to routine-report procedures, (4) stressing the importance of consulting a doctor regarding abnormal test results despite "feeling well," (5) conducting diagnostic target-audience research with subgroups showing below-average responses, (6) developing Spanish-language materials, (7) continuing to monitor subgroup response rates, and (8) expanding data being collected on participant telephone inquiries regarding test results to include participant reactions to reporting materials and procedures.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC90E-107 N/A 1%-Task Order	Drescher John (404)639-2224	8/1/90 2/28/91	U/North Carolina EPO $25,000.00	Evaluation of the Field Epidemiology Training Program (FETP) in Thailand

Abstract:

This project evaluated the Global EIS program activities to assess whether or not the program accomplishes its stated goals of helping Thailand meet their epidemiologic needs. The evaluator communicated with appropriate persons in Thailand in order to develop an understanding of the Field Epidemiology Training Program (FETP) activities, the country's health problems, and disposition of FETP graduates. With this knowledge the evaluator spent approximately 5 days meeting with Ministry of Health staff who supervise and coordinate the activities of the country's FETP. The main evaluation issues were (1) do the FETP programmatic activities reflect the health needs of the country; and (2) are the FETP graduates placed in positions where they can effectively use their training and influence epidemiologic practices within the Ministry of Health.

Problem : The Thailand Field Epidemiology Training Program (FETP) was established in 1980 (the first of the international FETP programs) and had an external evaluation in 1985. This second external evaluation of the FETP was conducted from October 29 to November 16, 1990, using guidelines previously agreed upon.

Objectives : The current routine periodic evaluation of the Program had four goals: (1) to help the FETP meet the goals set for it by the MOPH; (2) to assure the highest quality of FETP training; (3) to enhance the institutionalization of the FETP within the MOPH; and (4) to use the findings of the evaluation to prepare an action plan to strengthen the FETP further.

Methodology: The evaluator communicated with appropriate persons in Thailand in order to develop an understanding of the Field Epidemiology Training Program (FETP) activities, the country's health problems, and disposition of FETP graduates. With this knowledge the evaluator spent approximately 5 days meeting with Ministry of Health staff who supervise and coordinate the activities of the country's FETP. Briefing materials, discussions with FETP staff, all current trainees, some alumni, officials of the Ministry of Public Health (MOPH), university officials, provincial health officials and others provided information for the evaluation.

Findings : Generally, the Thailand FETP is meeting the stated objectives of the Ministry of Public Health in training epidemiologists and strengthening epidemiologic capabilities in units and programs within the Ministry of Public Health. Progress in institutional strengthening is evident. FETP has been certified as a preventive medicine residency program in Thailand and developed a wide array of functional relationships within the Ministry of Public Health, the universities, and professional associations. The number of trainees is anticipated to increase from 5 to 9. Contributions by FETP to public health in Thailand include HIV/AIDS surveillance, investigation of sudden death among the workers in Singapore, and weekly surveillance reporting.

Recommendations : Proposed staffing should be increased by an English-language secretary and a part-time consultant in biostatistics. A leadership training program should begin to groom the successor to the current director. An increase in the trainees' salary should be considered (such that "moonlighting" is not necessary) and an increase in the field per diem. Budget increases should be considered to allow longer investigations by trainees and additional computer hardware/software purchases, as well as a fax and copy machine. Space should be expanded, including the addition of a small core library. Supplemental lectures are needed and greater supervision of trainees. A 3-month fellowship at CDC following the 2-year training course would be useful and greater attention should be paid to international networking.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC90E-109 200-88-0643 1%-Task Order	Johnson Wilma G. (404)639-3453	6/13/90 3/30/91	RTI OD/OPPE $89,705.00	Development of CDC Evaluation Strategy

Abstract:

The purpose of this task was to examine CDC's evaluation experience from 1985 to 1990 as the basis for recommendations for improvement. Rapid growth in the amount of funds spent on evaluation prompted OPPE to critically assess its evaluation planning and identify ways to improve it. This study relied upon three principal data and information collection sources: (1) documentary analyses of PHS and CDC evaluation planning, plus CDC projects completed or under way during 1985-1990; (2) interviews; and (3) a review of the literature on evaluation planning and research management. Recommendations for improvement are discussed.

Problem :

CDC's Office of Program Planning and Evaluation (OPPE) assists the Office of the Director/CDC in evaluating progress toward agency goals and objectives and coordinates agency-wide evaluation activities. OPPE administers CDC's one-percent evaluation funds, which have increased approximately 231 percent from 1985 to 1990, totalling $1.8 million in 1990. This rapid growth has prompted CDC to critically assess its evaluation planning and identify ways to improve it, so as to ensure that evaluation funds and program funds are used in the most cost-effective and responsive manner.

Objectives :

The purpose of this task was to examine CDC's evaluation experience from 1985 to 1990 as the basis for recommendations for improvement. The report describes the study methodology and findings. The report also recommends CDC evaluation policy advancement and discusses the components of a CDC evaluation policy implementation strategy.

Methodology:

The task methodology was developed collaboratively between the contractor and OPPE, beginning with the development of a task workplan that served as the study protocol. The study relied upon three principal data and information collection sources: (1) documentary analysis of Public Health Service (PHS) and CDC evaluation planning, and CDC one-percent evaluation projects completed or under way during the 1985-1990 period; (2) interviews with CDC staff and staff from other Federal agencies; and (3) review of literature on evaluation planning and research management.

Findings :

The importance of evaluation for budget accountability and program management and improvement is recognized throughout CDC, yet many staff feel that the agency needs to strengthen its evaluation capability. Absence of a CDC evaluation strategy was noted that would prescribe (1) what programs should be evaluated, (2) when they should be evaluated, and (3) the appropriate evaluation approach to use. Most one-percent evaluation activity was concentrated in process or program performance evaluations, with only 18 percent addressing effectiveness issues. Evaluation planning at CDC is a decentralized, bottom-up process, with the annual one-percent evaluation agenda determined by the winning proposals originating at the branch and/or division levels. Current CDC evaluation planning may fall short of producing evaluations of all programs that should be evaluated, and some form of quality assurance is needed. Several CIO divisions/branches have taken major steps toward building evaluation into their program planning, but a desire was expressed for more top management guidance on CDC's mission and how evaluations fit into this overall plan. Slightly more than one-third of the completed evaluations included documentation of an intent to utilize the findings, although utilization accountability needs to be better incorporated into the evaluation process. Staff support exists for the establishment of an Evaluation Task Force to advance CDC evaluation.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC90E-109	Johnson	6/13/90	RTI	Development of CDC Evaluation Strategy
200-88-0643	Wilma G.	3/30/91	OD/OPPE	
1%-Task Order	(404)639-3453		$89,705.00	

Recommendations : CDC/OPPE should consider hiring two health program analysts and two evaluation specialists who would have major responsibilities for designing and implementing the new evaluation strategy. Six components form the basis of the proposed CDC evaluation policy implementation strategy. (1) CDC mission orientation would promote shared understanding of CDC's mission as a guide for evaluations. (2) A program-, rather than a project-specific focus would emphasize the overall effectiveness of conceptually interrelated CDC activities. (3) A mixed strategy would combine a bottom-up and a top-down evaluation planning strategy. (4) Evaluation planning criteria should be developed that would specify explicit criteria for deciding what programs to evaluate, when to evaluate them, and how they will be analyzed. (5) A utilization focus should be built into the design of evaluations. (6) Evaluation standards should be developed and evaluation quality assurance should become a routine part of CDC evaluation.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-100 200-88-0644 1%-Task Order	Goodman Richard (404)639-3636	6/10/91 5/31/94	Battelle EPO $168,865.00	Comprehensive Evaluation of the Morbidity and Mortality Weekly Report (MMWR) Series of Publications

Abstract:

The MMWR series of publications is a principal means by which CDC communicates key information on a timely basis to the public health community. In recent years the scope of the MMWR has broadened, reflecting the larger mission of CDC. This study sought to learn how well the MMWR is communicating information to this broader public health audience, while continuing to convey timely information about outbreaks and infectious diseases. The study sought to characterize selected audiences for the MMWR series, examine the public health impact of information published in the MMWR, and identify opportunities for improving the dissemination of public health information contained in the MMWR series. A mail/telephone readership survey was conducted consisting of 375 individuals on the MMWR mailing list, 375 subscribers of the MMWR through the Massachusetts Medical Society, and 250 primary care physicians who subscribe to the Journal of the American Medical Association. Reading habits, readership characteristics, use of MMWR information, feedback on publication content and format, as well as interest in electronic access were assessed.

Problem :

The Morbidity and Mortality Weekly Report (MMWR) series of publications is a principal means by which CDC communicates key information on a timely basis to the public health community. In recent years the scope of the MMWR has broadened as the mission of CDC has expanded to include chronic diseases, environmental and occupational health, and injuries. The study sought to learn how well the MMWR is communicating information to this broader public health audience, while continuing to convey timely information regarding outbreaks and infectious diseases.

Objectives :

In order to evaluate MMWR communication efforts, this study sought to: (1) characterize selected audiences for the MMWR series, (2) examine the public health impact of information published in the MMWR series, and (3) identify opportunities for improving the dissemination of public health information contained in the MMWR series.

Methodology:

The evaluation conducted a mail/telephone readership survey of (a) 375 individuals on the CDC MMWR mailing list, (b) 375 subscribers to the MMWR through the Massachusetts Medical Society (MMS), and (c) 250 primary care physicians who subscribe to the Journal of the American Medical Association (JAMA) and so might have read the "Notes from CDC: Leads from the MMWR" section that appears in the front pages of the journal.

The survey achieved a 60 percent response rate among MMWR subscribers. Planning for the survey was supported by interviews with policymakers, observation of the MMWR production process, and analysis of citations to the MMWR in scientific journals.

Findings :

The MMWR series of publications is read with considerable regularity in terms of both frequency and longer term reader loyalty (two-thirds of respondents had read 3 or more issues in the month prior to the survey and most have read the MMWR for 5 or more years). Because MMWR issues are frequently passed along to others, actual readership is estimated to be at least twice the number of issues distributed, and the rate of citations to MMWR articles is increasing. The CDC mailing list (principally health department program administrators) and the MMS subscription service (primary care physicians) reach complementary audiences, but the proportion of physicians among newer MMWR subscribers is lower than among longer term subscribers. Readers value the accuracy of information, the breadth of public health issues covered, and the concise reporting format. Suggestions for

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-100 200-88-0644 1%-Task Order	Goodman Richard (404)639-3636	6/10/91 5/31/94	Battelle EPO $168,865.00	Comprehensive Evaluation of the Morbidity and Mortality Weekly Report (MMWR) Series of Publications

format changes included larger print, larger page size, and inclusion of names and phone numbers of CDC staff to contact in order to facilitate follow-up. Readers expressed interest in electronic access to the MMWR, but the majority were not equipped with access at the present time.

Recommendations : Continue to keep stories brief and cover a broad range of public health issues. Consider reader suggestions for changes in format, but -- given overall reader satisfaction -- changes should only be implemented after careful formative evaluation. Increased outreach efforts to encourage newer physicians to subscribe, and continue efforts to improve electronic access to the MMWR. Build ongoing evaluation into planning activities, and convene an ongoing advisory committee to discuss study findings and provide guidance regarding potential changes.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-101 200-91-7031 1%-Negotiated	Weed James A. (301)436-8952	9/30/91 12/31/94	Rsch Found, SUNY NCHS $355,357.00	Evaluation of the Medical Certification Process for Death Certificates

Abstract: *The contractor will conduct a survey of physicians on the cognitive and situational aspect of certifying cause of death on death certificates. There is also interest in evaluating ways to improve the quality and completeness of information reported on death certificates. The study should lead to improved mortality statistics.*

Problem : At present, there is no broad, scientifically based information that describes the process of medical certification, meaning the process in which an attending physician completes the medical portion of a death certificate for a particular decedent. Of particular interest in this process is the physician's knowledge about what information the certificate requests, what source should be used to obtain this information, how the information is to be reported, how the information can be amended, how the information is used to produce underlying cause-of-death statistics, and how these statistics are used to monitor public health problems and progress.

Objectives : The purpose of this task is to conduct a survey of physicians using an interview protocol and a sample design to be developed by the contractor on the basis of sound cognitive interview techniques and statistical methodology. The desired result is a nationally representative sample that will provide an information base focussing on the cognitive and situational aspects of the process by which physicians certify cause-of-death certificates.

Methodology: This contract shall be performed in two phases. During Phase I, an interview protocol will be developed and tested, a sample design will be developed for implementing the protocol, interviewers will be trained, and data collection and processing specifications will be prepared. A pretest of the protocol will be conducted through interviews with government physicians, both individually and in focus groups. During Phase II, NCHS staff will work with the contractor in conducting interviews with physicians at their offices, at professional meetings, or at appropriate locations, to be determined jointly by the Contractor and the Project Officer. The number and type of physicians to be included in the interviews of Phase II will be specified by the sample design to be developed by the contractor and approved by the NCHS Project Officer. The Contractor shall acquire the consulting services of a licensed practicing physician who completes death certificates to insure that the interview protocol is expressed in the appropriate medical terminology.

Findings : Study currently under way.

Recommendations : Study currently under way

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-102 200-88-0643 1%-Task Order	Satterfield Dawn (770)488-5020	5/21/91 10/31/94	RTI NCCDPHP $95,500.00	Evaluation of the Impact of Prevention and Treatment of Complications of Diabetes: A Guide for Providers (Diabetes Training)

Abstract:

The purpose of this project was to design and consult on evaluation of the impact on health care practice of the publication, "The Prevention and Treatment of Complications of Diabetes: A Guide for Primary Care Practitioners" as presented in a training program. The evaluation was conducted through an audit of medical records and interviews and discussions with provider staff in Community Health Centers before and after a specialized training intervention incorporating the recommendations in the guide and promoting their practice. This was Phase I of the project.

Problem :

The contractor designed and carried out an evaluation of the impact on provider practice of three different methods of disseminating a diabetes care guide for primary care practitioners.

Objectives :

The evaluation was designed to measure the impact on health care practice when the publication "The Prevention and Treatment of Complications of Diabetes: A Guide for Primary Care Practitioners" was presented to primary care practitioners as part of a specialized training seminar conducted at community health centers (CHCs). The evaluation results would be used to inform CDC decision makers on an effective strategy for future dissemination of the Guides.

Methodology:

Three urban community health care centers serving low-income populations were selected as study sites for the evaluation based on their comparability across population served, stability, and maturity. Care practices of CHC primary care practitioners exposed to the publication and the seminar were compared with the care given by primary care practitioners in a comparable CHC who also received the publication but were not given the specialized training seminar. The National Institutes of Health (NIH) Diabetes Research and Training Center (DRTC) at the Albert Einstein College of Medicine (Einstein) developed and implemented the interventions and RTI designed and conducted the evaluation. The intervention had two components. The first educational intervention included a three-hour problem-based learning program, with case studies keyed to the CDC guide and facilitated by two diabetes specialists from Einstein DRTC. Health center providers were each given a personal copy of the guide. This was followed by a one-hour strategy workshop to minimize or overcome specific barriers to screening for diabetes complications. For the follow-up component, the intervention site had designated a clinician as the project liaison. Over the following year, monthly activation phone calls between the site liaison and one of the diabetes specialists from the DRTC were intended to facilitate action through problem-solving.

The control site was designated by a random drawing to minimize the potential bias. A conventional method for dissemination of guidelines was used at the control site. A call to the medical director's office informed them of the shipment of the guides and a guide was placed in each mailbox, with no further follow-up.

Data were collected from medical records at baseline, which covered the fourteen months prior to the intervention, and then at post-intervention, the fourteen months after the initial intervention experience. An extensive audit form keyed to the CDC complications guide was developed. The indicators for the targeted provider behaviors were operationally defined in very generous terms because of some of the limitations in medical record abstracting. For example, allowing a grace for missed appointments - 14 months rather than 12 - and occasional lapses in documentation of performed procedures. This audit was to assess provider behaviors for prevention and treatment of diabetes complications. Trained medical record abstractors took an average of one and one-half hours to complete the audit for each medical record. For each site,

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-102 200-88-0643 1%-Task Order	Satterfield Dawn (770)488-5020	5/21/91 10/31/94	RTI NCCDPHP $95,500.00	Evaluation of the Impact of Prevention and Treatment of Complications of Diabetes: A Guide for Providers (Diabetes Training)

200 randomly selected charts of patients with diabetes were studied at pre-intervention and post-intervention, based on power calculations.

Most of the subjects were middle aged or older, with comparable gender differences in each site - more women than men. Greater than half of the subjects at each site were African American; and hypertension was diagnosed in over half of each sample. Characteristics of pre- and post-intervention samples are comparable.

Process data were obtained by the monthly telephone calls with the liaison and group discussions with provider staff six months after the close of the post-intervention data collection period.

Findings :

The lessons learned in this study are instructive to the Division of Diabetes Translation (DDT) in enhancing our understanding of dissemination strategies and reviewing the charge in our 1994 RFA (State-Based Programs to Reduce the Burden of Diabetes: A Health Systems Approach) to state and territorial programs "to implement specific measures to ensure the widespread application of accepted standards." In analyzing the data, the DDT targeted four areas of provider behaviors, because they reflect some behaviors associated with early detection and treatment of the complications delayed or prevented in the NIH's Diabetes Control and Complications Trial (DCCT). In analysis done to date, the DDT reported on only one intervention site and the control because implementation at the second intervention site was incomplete, hampered by liaison attrition, a major loss in the activation component. Though this site wasn't fully implemented, there were some improvements, and we realize that further analysis will yield more lessons learned.

For eye exams, we did require the standard of care, an annual dilated eye exam or referral for this. The intervention site had a very low baseline level of about 20%, which doubled at post-intervention. This was statistically significant ($p < .001$). The control site had a modest decline. For the percentage of patients who received at least one foot check a year, and ideally this should be done at every visit or four times a year, there were significant improvements ($p < .001$) in both the intervention and control sites. For the percentage of patients who received at least one glycosylated hemoglobin test by site during each study period, again, each site had significant improvements ($p < .001$). Finally, when we looked at the percentage of patients who received at least one serum creatinine test, there were no significant improvements in either site.

In summary, we found significant improvements (statistical significance $p =< .05$) in three of four targeted behaviors in the intervention site. Improvements in foot exams and hemoglobin A1c tests were also found at the control site.

In addition to the medical record information, data for a process evaluation were obtained from monitoring logs of the monthly telephone calls between the project diabetes specialist and the site liaison, as well as data from the provider discussion groups conducted after the intervention year. The physician liaison at the intervention site relocated, and so resigned from the health center staff after 8 months. But, she had received little support for completing development of a diabetes care checklist for the center - a type of flow sheet. Also, there was a high provider attrition rate, with over 50% of the medical staff turning over. At the control site, a diabetes nurse educator was available, though only 2 half days per week. She had recently begun use of an extensive diabetes assessment form, had reviewed records of diabetes patients, and provided diabetes education services. It should also be noted that for most indicators, the control clinic had lower baseline screening rates than the intervention site, and

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-102 200-88-0643 1%-Task Order	Satterfield Dawn (770)488-5020	5/21/91 10/31/94	RTI NCCDPHP $95,500.00	Evaluation of the Impact of Prevention and Treatment of Complications of Diabetes: A Guide for Providers (Diabetes Training)

thus more room for improvement

We concluded that a positive impact of the intervention was perhaps present, but not consistent, among these targeted provider behaviors. This intervention was aimed primarily at the health care providers. Because of the high attrition rate among providers, an intervention with system- and policy-level changes is probably necessary to affect clinical practice within a limited time frame.

Recommendations : At each local intervention site, locate a program champion with genuine interest in getting the intervention started, maintaining it, and ensuring its success; with some authority or influence for system change; and with time protected to work on diabetes-related issues. Ensure an adequate "market" for the intervention by seeking to identify the benefits in behavior changes to which providers are likely to respond. Consider sources of capital being targeted and link the unit of analysis to that source. For example, in community health centers with high staff turnover, focus on the intervention at the system level to avoid losing track of the human capital investment. Obtain agreement with each site to interventions at each necessary level: human, structure, consumer. Allow enough time for the system change to take place. Several additional recommendations addressed the evaluation design: (1) make sure the setting chosen is appropriate for the type of intervention desired (e.g., tackling the most difficult scenario may not be suitable for a demonstration project); (2) choose an adequate number of sites; (3) include a strong, independent process evaluation component in the overall design; and (4) develop a clear and consistent outcome measure.

In addition to the recommendations made by the contractor, the Division made this observation: While traditional guideline dissemination strategies are broad based, encompassing multiple care recommendations, perhaps stepped efforts targeted at selected provider screening behaviors may prove more effective. An example of this is illustrated by the HEDIS indicator for diabetes targeted regular eye exams, which has generated study and intervention activities among managed care organizations.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-103 200-88-0642 1%-Task Order	Hill Howard (770)488-4826	10/15/91 10/31/95	Battelle NCIPC $198,674.00	Evaluation of CDC Injury Control Grant Programs

Abstract:

The purpose of this project was to develop and implement an evaluation of the CDC Injury Control grant programs. Specifically, the National Center for Injury Prevention and Control wanted to know how to define a successful injury control grant program, how to measure success, how a successful grant program should operate and what the program should accomplish. Finally, the Division sought clear, concise recommendations for improving the injury control grant programs. A logic model was developed as a schematic diagram depicting how a successful injury control program should operate. The objectives of a successful grant program were identified with process and outcome indicators that were readily identifiable, time phased, and measurable. The analytical model was then applied to the activities of injury control grantees during the years 1990, 1991, and 1992. Study findings will be used to document the achievements of and bring about improvements in the injury control grant programs.

Problem : Injuries are a major cause of premature death and disability, with associated economic costs in excess of $180 billion a year. Injuries result in the loss of more productive years of life than cancer and heart disease combined. This study evaluated the accomplishments and progress of the injury control grant programs administered by the National Center for Injury Prevention and Control (NCIPC) of the Centers for Disease Control and Prevention (CDC). These include grants to individual researchers, grants to university-based injury control research centers (ICRCs), and grants to selected state and local health departments.

Objectives : This project undertook to develop performance indicators, consistent with medical outcomes research, and determine their utility as part of an evaluation system to (1) assess the progress and accomplishments of NCIPC injury control grant programs in developing and applying new knowledge to reduce the burden of injuries, (2) identify current program gaps, and (3) determine worthwhile avenues for future endeavors.

Methodology: The first phase of the study developed criteria for the evaluation of injury control grant programs and the second phase applied those criteria to the activities of individual grantees during the years 1990-1992. For Phase 1, researchers reviewed other evaluation approaches, conducted interviews with high-level decisionmakers, and worked with a Blue Ribbon Panel to develop critical indicators for assessing program efficacy and effectiveness. During Phase 2, researchers developed a framework to describe grantee accomplishments in terms of the critical indicators identified during Phase 1. They then compiled information from extant data sources (primarily grantee progress reports) to monitor the progression of grants from original research toward the application of knowledge, the dissemination of findings, and the reduction of injury morbidity and mortality. At the conclusion of the project, tabular data on the efforts of individual and state grantees were converted to a Paradox database format to provide NCIPC with the basis for an ongoing evaluation system.

Findings : Injury investigations conducted under the grant program have been undertaken in many critically important areas. Grant programs have generated important new knowledge resulting in the development of a broad array of new injury interventions. The new knowledge developed under the grant programs is being applied widely, and interventions implemented have been shown effective. State injury control grants are important in promoting the wider dissemination of research to reduce the toll of injuries.

Recommendations : NCIPC's injury control grant programs should continue to be funded and should in fact be

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-103	Hill	10/15/91	Battelle	Evaluation of CDC Injury Control Grant Programs
200-88-0642	Howard	10/31/95	NCIPC	
1%-Task Order	(770)488-4826		$198,674.00	

expanded. The current mix of grant types within the CDC injury control grant programs--encompassing grants to individual researchers, university-based injury control research centers (ICRCs), and state injury control programs--should be maintained. The categorical grant program should, however, be broadened to support core injury control programs in all 50 states, as research has shown that these programs represent a vital link in the progression of injury control knowledge from theory to practice. Increase formal support for non-research training and service activities by university-based ICRCs and state injury control programs. Also increase support for surveillance activities and evaluation activities in connection with interventions that are fielded. Continue to request progress reporting by grantees, and place greater emphasis at CDC on the dissemination of evaluation findings and critical advances made by grantees.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-105 200-88-0641 1%-Task Order	Bostwick Sylvia (770)488-1735	9/26/91 7/31/92	Macro OD/OPS $97,464.00	Evaluation of Recruitment Practices for Shortage Job Categories

Abstract:

This one-percent evaluation report describes the results of a study initiated by CDC/ATSDR in September 1991 to identify the jobs for which vacancies are hardest to fill, assess current recruitment methods, analyze reasons for difficulties in recruiting scientists and technical personnel to shortage job categories, and recommend approaches to improving recruitment and retention. The study also examined ways to more successfully attract women, members of ethnic and racial minority groups, and persons with disabilities to these scientific and technical positions in order to achieve a diverse work force reflective of the populations CDC/ATSDR serves.

Problem :

There is a widespread perception that the recruitment and retention of qualified scientific and technical personnel is becoming an increasing challenge at the Centers for Disease Control and Prevention (CDC), the Agency for Toxic Substances and Disease Registry (ATSDR), and other Federal health and scientific agencies. These trends suggest that CDC/ATSDR could be hindered in efforts to fulfill it critical mission. Experts cite both salary and nonsalary issues as the cause of recruitment and retention problems. Given such an environment, Federal health agencies need to examine recruiting practices and retention issues to determine both the scope of the problem and strategies for strengthening their competitive edge.

Objectives :

This report describes the results of a study initiated by CDC/ATSDR in September 1991 to (1) identify the jobs for which vacancies are hardest to fill, (2) assess current recruitment methods, (3) analyze reasons for difficulties in recruiting scientists and technical personnel to shortage job categories, and (4) recommend approaches to improving recruitment and retention. The study also examined ways to more successfully attract women, members of ethnic and racial minority groups, and persons with disabilities to these scientific and technical postions in order to achieve a diverse work force reflective of the populations CDC/ATSDR serves.

Methodology:

In June 1992, mail surveys were conducted with random samples of employees in 14 shortage job categories chosen, in consultation with Personnel Management Office (PMO) staff, as those experiencing particular recruitment problems. Similar surveys were distributed to 209 recent employees (hired on or after 1/1/90); to 226 long-term employees (hired before 1/1/90) at GS-11 or above or the equivalent in the Commissioned Corps (grade 03 or above); to employees who declared their intention to resign or retire from a position in the job series and at the grades of interest; and to random samples of nine employees who retired or resigned from these types of positions in the prior 12 months. The surveys focused on the application and hiring process, job satisfiers and dissatisfiers, and improving workforce diversity.

In addition, interviews were conducted with the following categories of stakeholders: (1) selected CDC/ATSDR senior staff, (2) groups of staff from the CDC/ATSDR CIOs, (3) representatives from five professional/special interest groups, (4) eight private companies employing high-level scientific and technical personnel, (5) an executive recruitment firm, (6) individuals recently recruited to high-level scientific and technical positions at academic institutions, and (7) professional associations closely related to the shortage job categories under study.

Findings :

Considerable reliance is placed on ad hoc recruiting efforts by CDC/ATSDR program staff, who conduct campus visits and engage in recruitment networking in conjunction with their other professional activities. CIOs accept this responsibility willingly, yet want recruiting to be viewed as a team effort, with PMO serving as a strategic resource to support the CIOs.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-105 200-88-0641 1%-Task Order	Bostwick Sylvia (770)488-1735	9/26/91 7/31/92	Macro OD/OPS $97,464.00	Evaluation of Recruitment Practices for Shortage Job Categories

Respondents expressed dissatisfaction with the interview and selection process in terms of timeliness and the amount of feedback. For example, the average duration from interview to final selection was 2.5 to 3 months. The highest rated factors in the decision to accept CDC/ASTDR jobs are challenge, salary, job security, and location; the main obstacles are salary, image of the Federal government, and lack of opportunity for advancement. According to a widespread perception among CIOs, a glass ceiling exists for scientific and technical personnel who do not wish to enter mangement. An important way of addressing the shortage of full-time staff at higher grades is to develop mechanisms for bringing in higher graded staff on short-term assignments. Having visible role models at a senior level was the most frequently cited change to make CDC/ATSDR more attractive to minority candidates.

Recommendations : CIOs should team with PMO to recruit and hire. Identify and address structural and policy issues that delay the hiring process and develop a better system for forecasting staffing needs in order to more cost-effectively use major recruitment channels and practices. Provide more opportunities for in-person interviewing of candidates and advocate return of flexible Direct Hire Authority. Support and fund fellowships and internships for higher grade staff. CIOs and PMO should develop a database to track recruiting efforts. Develop personal and professional networking as a recruitment tool and, to this end, support reimbursement of travel expenses for professional activities. Target advertisements to women and minorities and seek a variety of other means to increase recruitment success among these groups. Employ a mix of recruiting channels and messages and tailor that mix to respond to the nature of the competition. Target advertising to increase agencies' visibility in a profession or with a certain group of candidates and to increase the size of the applicant pool. Establish links with employment registries of nonprofit professional associations and outplacement services of downsizing science and technology companies. Stress nonsalary aspects of the CDC/ATSDR employment environment, and work with local chamber of commerce to promote Atlanta.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-106 200-88-0642 1%-Task Order	Cross Floy (770)488-5436	2/15/91 9/30/91	Battelle OD/OPPE $41,981.00	Development of a Methodology for Evaluation of the Henry J. Kaiser Family Foundation Community Health Promotion Grant Program

Abstract:

This project (Phase 1) was an exploratory case study. Its objective was to gather the information needed to design a more intensive case study (Phase 2) of the impact of the Kaiser Community Health Promotion Grants Program (CHPGP) for implementing health promotion programs to prevent pregnancy and substance abuse among teenagers in the Southern States. The goal of the Phase 1 project was to describe how the program operates, assess what has been accomplished to date, and clarify the issues that exist in planning and implementing CHPGP grants at the state level.

Problem :

In January 1991, the Henry J. Kaiser Family Foundation (KFF), in conjunction with the Centers for Disease Control, commissioned the contractor to undertake a two-phase evaluation of the KFF's Community Health Promotion Grants Program (CHPGP), as it has been implemented in southern states. This project is the first part of a two-phase case study evaluation of the CHPGP in the southern states. Phase 1, completed in 1991, was an exploratory case study conducted in all eight states that received CHPGP grants. Research effort focused at the state level. Phase 2 will be an explanatory case study of the mobilization, implementation and effectiveness of the CHPGP at the state and community level. It will be carried out in a limited number of states, and will be designed to link state and local program characteristics, environmental factors, and behaviors to the effectiveness of CHPGP interventions.

Key features of the KFF's southern strategy are local identification of priority needs, local ownership of problems, and technical assistance from states to communities in implementing health promotion projects. Although these grants target selected health problems, they aim at broader impact by providing a mechanism for organizing communities to address a wide range of health-related issues. An important goal of the southern CHPGP was to stimulate cooperation between state-level public and private organizations in addressing a broad range of poverty-related issues, while preserving the Foundation's focus on health.

Objectives :

The purpose of this project was to develop a sound basis on which to ground a scientifically rigorous case-study evaluation of the CHPGP in the southern states. The specific goals of the research were to (1) clarify issues that arose in the planning and implementation of the CHPGP; (2) specify the dimensions of the CHPGP likely to be relevant to program feasibility, acceptability, and effectiveness; (3) produce a case study protocol to guide the Phase 2 evaluation; and (4) develop criteria for selecting states for inclusion in the Phase 2 evaluation.

Methodology:

Phase 1 was governed by a pilot protocol that provided standard data collection, analysis, and reporting procedures. Teams of two investigators visited each state for one to two days, meeting with staff of the state lead agency and with members of the state coalition. Although Phase 1 concentrated on the state level, individuals working with community projects at the local level were also interviewed in all states except Texas, which as yet has no local projects. The accuracy of the interview information was confirmed by sending summarized interview notes to the interviewees for review prior to incorporating this material into the project record. Documents were obtained from KFF and from representatives of state and local programs, including project proposals, periodic reports to funding sources, products produced by grantees, and correspondence on CHPGP-related issues. Analysis involved the synthesis of data from all state interviews and from documentary sources of evidence. Using expert consultants, Phase 1 also identified and defined the "critical components" (elements linked by previous research to successful program outcomes) of adolescent pregnancy and substance abuse prevention

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-106 200-88-0642 1%-Task Order	Cross Floy (770)488-5436	2/15/91 9/30/91	Battelle OD/OPPE $41,981.00	Development of a Methodology for Evaluation of the Henry J. Kaiser Family Foundation Community Health Promotion Grant Program

programs. These critical components were then used as a basis for the development of Phase 2 site selection criteria and as a means to assess the likely success of the programs.

Findings : Issues that require further investigation during Phase 2 of the project include: (1) the Foundation's shifts in approach over the three years in which states have been brought into the CHPGP and how such shifts in approach may have affected the level of state commitment and the resources available to local programs from the states; (2) the correspondence between local priorities and Foundation target issues; (3) the relationship of program operation to adequate needs assessment and the role of social reconnaissance as a needs assessment mechanism; (4) development of community infrastructure and community empowerment, both as a major goal of the local projects and as an essential element in the success of the overall program; (5) support of local coalitions by key organizations and individuals in the local communities; (6) high-level state government involvement; (7) involvement of the state health department; (8) leveraging of other resources; (9) impact of CHPGP participation of state-level agencies on the utilization of leveraged funding; (10) mobilization of state-level public and private organizations; and (11) sustainability of local implementations after Kaiser funding ends.

Recommendations : The findings from Phase 1 were used to produce the protocol that will govern the Phase 2 case study evaluations. The protocol has the following elements: a program logic model, variables to be used in evaluating the model, study hypotheses, site selection criteria, study questions, a data analysis plan, and an implementation plan.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-107 200-88-0642 1%-Task Order	Frederick Steve (404)639-1934	4/10/91 9/30/91	Battelle OD/OPPE $68,311.00	Case Study of Georgia Health District Number 8, Unit 2 (Albany Case Study)

Abstract:

This evaluation developed a framework for studying prevention effectiveness in community-based health care systems. It was based on a descriptive case study of health care in Georgia State Health District Number 8, Unit 2, headquartered in Albany, Georgia. The case study described the health planning process in this community, related health planning to health practice, and identified factors contributing to success and failure in planning and practice. A product of the evaluation was the identification of core elements of successful community health programs which can be used to model programs in other health service areas and form a basis for further research studies.

Problem :

Health planning in Albany originated in the 1970s with community-based campaigns to improve primary health care for people who lacked financial and geographic access to medical services. The present process is centered in a network of relationships among providers and driven by four health-provider organizations: Georgia Health District 8-2, the Albany Area Primary Health Care Center, Phoebe Putney Memorial Hospital and the Dougherty County Medical Society. Although these groups are not the only participants in health planning, it is the cooperation among them which is crucial to the commitment of the medical community to the process and the successful implementation of proposed programs.

Objectives :

The purpose of this study was to document the health planning process as it occurred in Albany and to identify factors responsible for its successes and failures. Specific objectives of the evaluation were to: (1) understand how the planning process in District 8-2 has affected the capacity of the health care system to address the health care needs of the population; (2) identify factors responsible for the successes of the planning process in this community; and (3) determine the extent to which the Albany experience can provide a model for community health planning in other communities.

Methodology:

A case-study methodology was used to investigate health care and health planning in Albany. The case was defined as the network of providers and facilities that make up the health care system in Albany, Baker, and Lee counties in Southwest Georgia. Data sources were interviews with health care professionals and community leaders, observations of patient flow and conditions at primary health care clinics, and archival data solicited from individuals who have been involved in the health planning process. Vital statistics on births and deaths and health department utilization of data from the Georgia Department of Human Resources were used to document health problems and health department activity.

Findings :

In Albany, the division of labor among the health department, the community health center, the regional hospital, and private providers has streamlined the delivery of existing services and discovered unmet needs for new services. Major programmatic outcomes of the health planning process in Albany include coordinated services for prenatal care, the management of diabetes and hypertension, and an HIV case management approach. It is now possible for Medicaid and medically indigent patients to obtain needed services with much less uncertainty than in the past, although many of the poor, especially the homeless, continue to use the hospital emergency room for acute care and receive no primary health care at all. Perhaps because health planning in Albany is by the medical community rather than by the community as a whole, the Albany health plan-despite good coverage of clinical primary care - is weak in areas that are not medically based: data collection and analysis, community involvement, and

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-107 200-88-0642 1%-Task Order	Frederick Steve (404)639-1934	4/10/91 9/30/91	Battelle OD/OPPE $68,311.00	Case Study of Georgia Health District Number 8, Unit 2 (Albany Case Study)

evaluation.

Recommendations : Before replication elsewhere, the Albany health plan should be strengthened in a number of aspects, such as data collection and analysis, community involvement, and evaluation. For example, a mechanism for ongoing collection of data to support health planning should be developed; more attention should be paid to targeted health education and health promotion and primary disease prevention; and identification of ancillary social services should be part of the plan. In addition, a number of avenues for future research are suggested: (1) an epidemiological study of the underserved population in Albany to show how effectively the planning process has addressed the real health needs of the target population; (2) a descriptive study of the HIV case management approach used in Albany, which has the potential to avoid the high costs of treating AIDS patients while prolonging and maintaining the quality of life of HIV+ individuals; (3) a study of the causes of failure to utilize services in the population of consumers; (4) a descriptive case study of community health planning in another community in Georgia to show which of the observations from this study are idiosyncratic to Albany and which come from more general processes operating in community health planning; and (5) a comparative study of another community to see whether grassroots planning has a different impact on use of health services or health outcomes.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-110 200-88-0644 1%-Task Order	Teutsch Steve (404)639-4455	5/28/91 12/11/92	Battelle OD/OPPE $100,000.00	Framework for Assessing Prevention Effectiveness and Cost-Effectiveness of Preventive Interventions in Health Maintenance Organizations (HMOs)

Abstract:

In 1991, the Centers for Disease Control and Prevention (CDC) embarked upon a Prevention Effectiveness (PE) Initiative aimed at documenting the effectiveness and cost-effectiveness of community prevention programs and technologies. One cornerstone of the PE Initiative has been to develop long-term collaboration with members of the HMO community, who share CDC's mission, commitment, and capability for preventing disease and promoting health. Phase 1 of this two-phase study sought to (1) develop a framework and the processes to assess prevention effectiveness (Phase 1, Task 1); and (2) assess a group of existing HMOs to determine their characteristics, organization, types of preventive services offered, and potential for working in collaboration with CDC (Phase 1, Task 2). Based upon essential criteria developed in order to guide the process of HMO partner selection, a series of site visits was conducted. A data collection instrument and semi-structured interview was administered during each of the site visits. Strengths and weaknesses of HMO data collection systems were identified and recommendations were provided to CDC as to which HMOs would most appropriately meet the needs of CDC for Phase 2 of the study. During Phase 2 of the study, several pilot projects were conducted in the HMOs selected on the basis of Phase 1 activities.

Problem :

In 1991, the Centers for Disease Control and Prevention (CDC) embarked upon a Prevention Effectiveness (PE) Initiative aimed at documenting the effectiveness and cost-effectiveness of community prevention programs and technologies. One cornerstone of the PE Initiative has been to develop long-term collaboration with members of the HMO community, who share CDC's mission, commitment, and capability for preventing disease and promoting health.

Objectives :

Phase 1 of this project involved two major activities. For the first of these activities, the contractor was asked to assist CIO directors and their staff in both conceptualizing and developing a plan to implement the prevention effectiveness initiative. During the second activity, the contractor was charged with reviewing existing HMO data systems and identifying HMOs serving large populations to determine HMO characteristics, organizational structures, types of prevention programs offered, and potential for working in collaboration with CDC. Phase 2 of the project involved actually implementing several small-scale studies in HMOs selected on the basis of Phase 1 activities.

Methodology:

Primary data collection for Task 1 of Phase 1 occurred on October 3, 4, 15, and 16, 1991, in a series of semi-structured interviews conducted by contractor staff with CDC staff in various CIOs and in the Office of the Director. Both individual and group interviews were conducted to determine what the elements of an assessment of prevention effectiveness were and how this process could best be implemented at CDC. A set of options were then developed for a systematic approach, process, or protocol to assess prevention effectiveness.

Task 2 of Phase 1 involved working with Group Health Association of America and experts in the managed care field to develop criteria to guide the process of selecting HMOs to work collaboratively with CDC on future prevention effectiveness studies. Criteria for selecting HMOs to contact included geographical diversity, broad sources of funding, membership over 100,000, demonstrated commitments to health services research and prevention, minority membership, and HMO model type. Site visits then narrowed the field from 13 to 6 HMO candidates.

Phase 2 of the project oversaw implementation of HMO prevention effectiveness studies in such

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-110 200-88-0644 1%-Task Order	Teutsch Steve (404)639-4455	5/28/91 12/11/92	Battelle OD/OPPE $100,000.00	Framework for Assessing Prevention Effectiveness and Cost-Effectiveness of Preventive Interventions in Health Maintenance Organizations (HMOs)

areas as mammography, head injury, otitis media, and oral pharyngeal cancer.

Findings :

Prevention effectiveness (PE) refers to the health, economic, and other social positive and negative consequences of prevention programs/policies and technologies. Prevention effectiveness differs from evaluation in two ways: (1) PE focuses specifically on prevention programs/policies whose main and direct objective is enhancing individual and population health outcomes; and (2) PE should generally involve broad evaluative efforts, including health outcomes, direct and indirect costs as well as other possible social impacts. PE may include the concepts of cost effectiveness analysis/cost benefit analysis (CEA/CBA) but is broader in scope. Other elements of PE include health-related quality of life, individual preferences, distributional and other equity concerns, and financing insurance problems. Although there is a clear, compelling need for the CIOs to agree on general methodological approaches to CEA/CBA, it will not be possible to agree on a single method applicable in all instances. Ambitious longer term objectives concerning the PE initiative probably cannot be attained without considerable additional investment in the infrastructure of evaluative expertise and "corporate" culture throughout CDC. It is particularly important to embrace evaluation in a positive sense, using it to improve programs and to enhance decision-making. Conversely, it is important to reject evaluation in the negative sense, to refrain from penalizing programs with lower cost effectiveness ratios and blindly comparing cost benefit ratios across diverse programs. Modeling is a means to guide choices among alternative policies that need to be made before the policies have been implemented and assessed; it is a means to "estimate" or "forecast" the impacts of alternative policies. Regarding the potential of HMOs to collaborate with CDC on PE initiatives, this study found both strengths and weaknesses in HMO information systems, which are set up to primarily to enroll and manage subscribers rather than to conduct research. Many HMOs do appear able to link or integrate data systems across different points of health services delivery. However, weaknesses of HMO information systems include (1) few links to community-based data systems, (2) few health outcomes data routinely recorded, (3) no risk factor data routinely collected, and (4) no linkages with employer groups. In addition, there are limitations to the HMO population, including under-representation of minorities, no uninsured or underinsured persons, and fewer elderly than in the community at large.

Recommendations :

The Committee on Prevention Effectiveness should (1) establish general criteria for an existing or proposed prevention program, activity, or policy to be eligible for inclusion in the PE initiative; (2) allow each operating unit to select relevant programs/policies that meet the established criteria; (3) establish criteria specifying what is adequate evidence of prevention effectiveness for any program/policy; (4) constitute a subcommittee to review with expert assistance CEA/CBA methodological approaches and recommend standard methods for general use; (5) recommend policies regarding the strengthening of the evaluation infrastructure throughout CDC. Operating units should then (1) determine which programs/policies need additional assessment for PE; (2) determine priorities for research to assess PE among all programs/policies that have not been adequately assessed for PE; and (3) initiate an evaluation research program to assess the PE of all programs/policies in the order established. Finally, policies relating to strengthening the evaluation infrastructure should be implemented and periodically evaluated throughout CDC and, further, CDC should convene a meeting of selected HMO research directors and/or managers to discuss general issues associated with the PE initiative, select topics for Phase 2 of this project, and discuss methodological issues and long-range plans.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC91E-118 200-88-0644 1%-Task Order	Sacks Jeff (770)488-4652	9/30/91 3/15/93	Battelle NCIPC $51,947.00	Cost-Effectiveness of Three Interventions to Increase the Use of Bicycle Helmets by Children in the U.S.

Abstract:

Bicycle-related injuries among children and young adults are an important pu blic health problem. Each year over 1,000 cyclists are fatally injured and over 500,000 are treated at emergency departments for bicycle-related injuries. The majority of these incidents (58 percent) occurred among people 19 years old or younger. Head injuries are involved in over two-thirds of the fatalities and one-third of all bicycle injuries. Bicycle helmets reduce the risk of head injury by 85 percent. Yet, the overall use of bicycle helmets is less than 10 percent and among children is substantially lower (1 to 2 percent). A number of strategies have been employed to increase the utilization of helmets among cyclists. The objective of this study was to measure the cost effectiveness of three different types of approaches aimed at increasing helmet use among children aged 5 to 16 years. The approaches selected represented a legislative approach, a school-based program, and a community-wide program.

Problem : Each year more than 285 child cyclists under age 17 are fatally injured and more than 144,000 are treated at emergency departments for bicycle-related head injuries. Survivors of mild and moderate head injuries can have profound disabling and long-lasting sequelae. Although bicycle helmets reduce the risk of head injury by 85 percent, only 1 to 2 percent of children use them.

Objectives : To help guide the choice of strategy to promote helmet use among children ages 5 to 16 years, the cost effectiveness of legislative, communitywide, and school-based approaches was assessed.

Methodology: A societal perspective was used, only direct costs were included, and a 4-year period after program startup was examined. National age-specific injury rates and an attributable risk model were used to estimate the expected number of bicycle-related head injuries and deaths in localities with and without a program.

Findings : The percentage of children who wore helmets increased from 4 to 47 in the legislative program, from 5 to 33 in the community program, and from 2 to 8 in the school program. Two programs had similar cost effectiveness ratios per head injury avoided. The legislative program had a $36,643 cost and the community-based one, $37,732, while the school-based program had a cost of $144,498 per head injury avoided. The community program obtained its 33 percent usage gradually over the 4 years, while the legislative program resulted in an immediate increase in usage, thus, considering program characteristics and overall results, the legislative program appears to be the most cost-effective. The cost of helmets was the most influential factor on the cost-effectiveness ratio.

Recommendations : The year 2000 health objectives call for use of helmets by 50 percent of bicyclists. Since helmet use in all these programs is less than 50 percent, new or combinations of approaches may be required to achieve the objective.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-100 200-93-0605 1%-Negotiated	Rigau Jose G. (809)766-5181	9/30/93 1/31/95	Johns Hopkins NCID $354,215.00	Evaluation of the Dengue Hemorrhagic Fever Prevention & Control

Abstract: *The purpose of this contract was to obtain external evaluation of the following component of the dengue prevention and control program established in 1985 at the Dengue Branch, SJL, San Juan PR: Community-based mosquito contorl. The information gathered from this evaluation project will be used to improve the dengue hemorrhagic fever/dengue shock syndrome (DHF/DSS) prevention program in PR and programs modeled after the CDC program in other American countries.*

Problem : Dengue is an acute febrile illness that causes severe headache, bone and joint pains and prostration. In some cases it may produce hemorrhagic manifestation and death. Densities of the vector mosquito, Aedes aegypti, and the incidence of dengue have increased dramatically in the Americas over the past 15 years. It has proven impossible to recreate the vertically-organized Aedes aegypti eradication programs that were so successful in the 1950's and 1960's due to declining government spending on disease vector control, decreasing acceptance of control activities by communities and tremendous increases in the production of solid waste. In the 1980s, the CDC Dengue Branch established community-based dengue education programs.

Objectives : Specific objectives of this project included (1) to examine the degree to which the program has been implemented by different organizations and the process of implementation; (2) to document current levels of knowledge of dengue, its transmission, prevention and treatment among the target audience of the programs; and (3) to assess the extent to which that audience's knowledge about dengue and its prevention is reflected in the control of mosquito larval habitats.

Methodology: The community-based dengue prevention pilot programs were evaluated through surveys of knowledge and practices administered to children and their parents; surveys, in the yards and homes of parents interviewed, to describe the number and type of larval habitats of the Aedes aegypit mosquito; focus groups and in-depth interviews.

Findings : There has been a strong commitment to evaluation on the part of the Dengue Branch since the inception of the current pilot programs, with partial evaluations conducted on almost a continuous basis since 1985. Twelve previous evaluations of components of dengue prevention activities in Puerto Rico were reviewed for this report. Five of the studies had an experimental design where a defined geographical area had received the intervention and another area had not. While only one of the five was able to demonstrate a statistically significant impact on Aedes aegypti larval indices, all demonstrated significant gains in knowledge and four of the five could demonstrate a significant impact on some direct measure of human behavior such as total number of containers or proportion of disposable containers that were under control (protected from rain).

Recommendations : The priorities for building and effective communication strategy to achieve the Action stage in Prochaska's stages of change are: (1) provision of information and training on how to locate potential container habitats. Many of the containers are either hidden, far from the house, or not obvious places where mosquitoes would reproduce; (2) provision of information and training on how to store water safely. Water storage containers have become the most important larval container habitats as a result of water rationing in Puerto Rico during recent years; (3) appropriate cues to behavior, to indicate to people that behavior change needs to be continuous, not just during epidemics. Many people view dengue as a problem when an epidemic is announced in the news, but not at other times; (4) provision of positive feedback

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-100 200-93-0605 1%-Negotiated	Rigau Jose G. (809)766-5181	9/30/93 1/31/95	Johns Hopkins NCID $354,215.00	Evaluation of the Dengue Hemorrhagic Fever Prevention & Control

to those who are performing the target behaviors, and promotion of additional benefits of performing the behaviors to those who are not; (5) emphasis on the fact that use of insecticides does not obviate the need for source reduction; (6) systematic development and pre-testing of educational materials; and (7) assignment of Dengue Branch personnel on a full time basis to the design and implementation of a comprehensive behavior change strategy, reflected in every component of the community-based programs.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-101 200-92-7031 1%-Negotiated	Greenberg Marjorie (301)436-7142	9/16/92 9/15/94	Cntr for Hlth Policy NCHS $297,049.00	Evaluation of External Cause-of-Injury Codes

Abstract:

This contract involved the evaluation of the current system for the classification of external causes-of-injury and the facilitation of the correct use of the International Classification of Diseases, "Supplemental Classification of External Causes of Injury and Poisoning" (E Codes) through (a) evaluation and recommendations for improvement of the tabular list and alphabetical index of E Codes; (b) evaluation of existing coding guidelines for the use of E Codes and recommendations for improvement to facilitate national coding guidelines for the use of E Codes; (c) evaluation of current educational materials and recommendations for improvements and the development and evaluation of prototype educational materials including a model syllabus for training in the use of E Codes.

Problem :

In September 1992, the National Center for Health Statistics (NCHS) awarded a contract to the Center for Health Policy Studies (CHPS) to undertake an evaluation of the ICD-9-CM Supplementary Classification of External Causes of Injury and Poisoning (E codes).

Objectives :

This contract involved the evaluation of the current system for the classification of external causes-of-injury and the facilitation of the correct use of the International Classification of Diseases, "Supplemental Classification of External Causes of Injury and Poisoning" (E Codes) through (a) evaluation and recommendations for improvement of the tabular list and alphabetical index of E Codes; (b) evaluation of existing coding guidelines for the use of E Codes and recommendations for improvement to facilitate national coding guidelines for the use of E Codes; (c) evaluation of current educational materials and recommendations for improvements and the development and evaluation of prototype educational materials including a model syllabus for training in the use of E Codes.

Methodology:

The two-phase contract was to develop and test revisions to the E coding system. In Phase I of the E code evaluation, the existing E coding system was initiated to determine how and what revisions would improve the ICD-9-CM E code Supplementary Classification. Revisions to the Supplementary Classification included changes to the Alphabetic Index and Tabular List and, for the first time, comprehensive coding guidelines. In addition, existing E code educational materials were reviewed and a new syllabus developed to provide training support for implementation of the E code system revisions. In Phase II of the evaluation, the improved E code system developed in Phase I of the study was incorporated into a "model" educational program which was then field tested at a number of sites.

Findings :

The proposed guidelines and revisions to the Tabular List and Index facilitate training in accurately assigning and sequencing appropriate E codes. With uniform definitions and guidelines, experienced health information management professionals and students can reliably and consistently select E codes. The field test demonstrated that both experienced and inexperienced coders show significant improvements in accuracy and uniformity using the revised E coding system. After minimal training in the new system, academic program students were able to select E codes at a speed and accuracy only slightly less than that demonstrated by experienced coders, and a modest amount of training enhanced E code skill even for coders with considerable experience. Training participants praised the expanded guidelines and the additions of clarifying examples to the guidelines; the additional terms and cross references in the Alphabetic Index; the subdivision and additional codes in the Tabular List; the use of a fifth digit to indicate the Place of Occurrence; and the clear and

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-101 200-92-7031 1%-Negotiated	Greenberg Marjorie (301)436-7142	9/16/92 9/15/94	Cntr for Hlth Policy NCHS $297,049.00	Evaluation of External Cause-of-Injury Codes

comprehensive training manual. Suggestions were also offered for further refinements and modifications.

Recommendations : Revise the Tabular List of External Cause of Injury Codes in ICD-9-CM to incorporate the revisions developed during the present study. Add approximately 80 new E codes to provide additional detail needed by the injury control community. Modify the scheme for reporting Place of Occurrence to permit use of a single-digit location code appearing as a sixth character (fifth digit) in data fields that accept six characters. Incorporate numerous additions to the "Includes" and "Excludes" items listed under existing headings. Change definitions, notes, and main headings in order to clarify and facilitate uniform code selection. Revise the Alphabetic Index to the External Cause of Injury Supplemental Classification such that every code and every term in the Tabular List is indexed, and such that cross referencing consistently appears for main headings and major subheadings in the Index. Adopt the coding guidelines for External Cause of Injury that were developed during the course of the present study. Update and disseminate the training manual developed during the present study. NCHS should continue to refine the E code system by studying the potential to add several new E codes in the E700s. These codes would include a new series of codes to classify sexual assault as well as new optional codes to describe supplementary conditions that contribute to or ameliorate injury or poisoning, such as alcohol and drug use and use of protective devices, such as seat belts, helmets, safety glasses, etc. Develop a coordinated and, perhaps, aggressive plan to disseminate the revised Supplementary E code Classification.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-102 200-88-0641 1%-Task Order	Tips Nancy (770)488-7277	7/27/92 3/30/94	Macro NCEH $250,000.00	Evaluation of Activities of the Lead Poisoning Prevention Branch

Abstract:

The focus of this project was to determine the best measures of the accomplishments of the CDC State and Community-Based Childhood Lead Poisoning Prevention (CLPP) Grant Program. The objectives were to examine service outcomes in each of four service components and the development of infrastructure to support each service component. Through review of applications and clarification of the applications by means of site visits and telephone calls to selected grant programs, the contractor determined which of the measures were currently collected or could be collected and from what data source. A series of site visits and telephone interviews were conducted. Each of the four service components were assessed: (1) screening; (2) identification of sources of exposure of lead-poisoned children; (3) medical management for lead-poisoned children; and (4) environmental management for lead-poisoned children. Additional phases of this project in subsequent years looked at Medicaid managed care and community-based organizations (CBOs) and their relationship to CLPP programs.

Problem :

From 1973 through 1981, the Centers for Disease Control (CDC) had a categorical grant program for childhood lead poisoning prevention. In 1982, these funds were folded into the Maternal and Child Health Services Block Grant Program. In 1988, Congress passed the Lead Contamination Control Act. Under this law, CDC again became responsible for a categorical grant program providing grants to state and local agencies for comprehensive lead poisoning prevention programs. In 1989, CDC established the Lead Poisoning Prevention Branch (LPPB) within the National Center for Environmental Health and Injury Control (NCEHIC). The program has grown rapidly from a funding level of $4 million in FY 90 to $34.7 million in FY 94.

Today, LPPB faces the challenges of rapid growth, combined with the multiple mandates of managing a national grant program and providing leadership for a coordinated national effort to eliminate childhood lead poisoning. Appropriate measures are needed to determine whether individual CLPP programs, and CLPP programs in aggregate, have been successful in achieving the service delivery outcomes intended by the grant program and to determine the reasons for variation in success among grantees.

Objectives :

The focus of this project was to determine the best measures of the accomplishments of the CDC State and Community-Based Childhood Lead Poisoning Prevention (CLPP) Grant Program. The measures were to examine service outcomes in each of four service components and the development of infrastructure to support each service component. The four service components assesed were (1) screening; (2) identification of sources of exposure of lead-poisoned children; (3) medical management for lead-poisoned children; and (4) environmental management for lead-poisoned children. Through review of applications and clarification of the applications by means of site visits and telephone calls to selected grant programs, the contractor determined which of the measures were currently collected or could be collected and from what data sources.

Methodology:

The CLPP programs visited or called were selected after reviewing continuation applications from the 31 CLPP programs who received funds in the 1992 grant awards cycle. The purpose of both the site visits and the telephone discussions was to clarify information obtained from the grant application. The four grantee sites visited included two local grantees (Charleston SC and Houston TX) and two state grantees (Wisconsin and Virginia). In addition, during the state visits, information was collected on one service delivery area targeted by each state grantee (Milwaukee WI and Richmond VA). The nine state grantees interviewed by telephone were

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-102	Tips	7/27/92	Macro	Evaluation of Activities of the Lead Poisoning Prevention Branch
200-88-0641	Nancy	3/30/94	NCEH	
1%-Task Order	(770)488-7277		$250,000.00	

California, Connecticut, Delaware, Kentucky, New Jersey, New York, Ohio, Pennsylvania, and Rhode Island.

Associated with effective delivery of the four service components being assessed are other components that form the infrastructure of successful service delivery. The eight types of infrastructure that facilitate service delivery in all four service components include (1) program definitions and protocols; (2) statutes and regulations; (3) physical resources; (4) human resources; (5) coordination with outside entities; (6) data management; (7) information and education; and (8) financing.

The final evaluation design included outcome measures for each of the four service delivery components. The design also included process measures that indicate successful development of the infrastructure to support outcomes in each service delivery component.

Findings :

Efforts to expand collection of evaluation measures will need to be balanced against the other responsibilities of CLPP programs and will, of necessity, be limited. Diversity in mission and service delivery approaches coupled with the absence of comparison groups makes it difficult to interpret data on grantee effectiveness as well as on the grant program's overall performance. The quarterly report is the main, but not an adequate source of data due to problems with accuracy, timeliness, and completeness. Challenges involved in expanding the outcome measures collected by grantees include (1) inadequate automation, (2) inadequate reporting from entities outside the grantee agency, and (3) inadequate links among multiple data sources. There is a trade-off between decentralization of services to improve access and accountability/quality control. The legal infrastructure is important, but underdeveloped. Collaborative links are essential both for policy and services delivery, and location of CLPP programs in public agencies has advantages as well as disadvantages. Meeting the challenge of primary prevention requires CLPP programs to broaden their focus from case management and tracking to community organization. Yet although primary prevention is the widely shared vision of the future, few current grantees are well positioned to lead the charge due to (1) placement in a public agency, (2) history of service delivery orientation, (3) lack of funding, and (4) limited statutory authority.

Recommendations :

Because of the difficulties inherent in comparing such a diverse range of programs, LPPB's evaluation efforts should emphasize program assessment of individual CLPP grantees. These program assessments should include child-specific service delivery outcome data and assessment of the status of key elements of the infrastructure. If resources permit, LPPB should undertake cross-program comparisons of CLPP programs. LPPB should continue to ensure that relevant scientific research is completed and that the results are communicated to those delivering services. LPPB should continue to address problems with data collection for the quarterly report, especially for state grantees. To address accuracy, LPPB should (1) continue to assist grantees with automation and (2) work with CLPP programs to identify problems with accuracy, completeness, and timeliness of data collection. The quarterly report should be broadened to include selected infrastructure measures, such as staff constraints, physical capacity constraints, legal environment, and collaborative environment. LPPB should develop specific guidelines to grantees on developing case management as a service component, including specific data elements that should be collected to monitor effectiveness. To help grantees move into their probable new role as trainers and overseers of service providers (rather than as providers themselves), LPPB technical assistance should focus on building links to private physicians, training private physicians, and monitoring quality. TA should also move grantees toward automated data collection and coalition building. Formative

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-102 200-88-0641 1%-Task Order	Tips Nancy (770)488-7277	7/27/92 3/30/94	Macro NCEH $250,000.00	Evaluation of Activities of the Lead Poisoning Prevention Branch

research in public information and education should be conducted.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-102B(a) 200-88-0641 1%-Task Order	Tips Nancy (770)488-7277	7/27/92 3/30/94	Macro NCEH $85,237.00	The Effect of Mandated Managed Care for Medicaid Populations on the Practice of Public Health: Childhood Lead Poisoning Prevention

Abstract:

State health care reforms are diverse, but many will result in increasing privatization of direct services heretofore delivered by the public sector. In particular, states are increasingly using managed care models to deliver personal health care services for people eligible for Medicaid and other vulnerable populations that have traditionally been served in public settings. As Phase 1 of the project, the contractor was asked to conduct a study to examine the effects of managed care reforms on childhood lead poisoning prevention (CLPP) programs, focusing on CLPP programs funded by CDC. The objectives of the study were to (1) gain a thorough perspective on how various state reform efforts using different types of managed care arrangements have influenced, positively or negatively, the provision of the major service components of CLPP programs; (2) gather detailed information on the ways in which CLPP programs are dealing with the challenges presented by managed care; (3) identify patterns and themes in how CLPP programs have addressed the challenges of managed care, including the roles and responsibilities that have been shifted, the existing responsibilities they have retained, and any new roles and responsibilities they have assumed; and (4) identify strategies that might help lead poisoning prevention grantees and other providers creatively respond to the challenges of a new health care environment.

A second phase of this project sought to evaluate state and local collaboration with community-based organizations (CBOs).

Problem :

The rising cost of health care and the concomitant pressure to increase access to services has led virtually every state in the nation to consider reorganization of its health care programs for low-income people. State health care reforms are diverse, but many will result in increasing privatization of direct services heretofore delivered by the public sector. In particular, states are increasingly using managed care models to deliver personal health care services for people eligible for Medicaid and other vulnerable populations that have traditionally been served in public settings. As Phase 1 of the project, the contractor was asked to conduct a study to examine the effects of managed care reforms on childhood lead poisoning prevention (CLPP) programs, focusing on CLPP programs funded by CDC.

Objectives :

The objectives of the study were to (1) gain a thorough perspective on how various state reform efforts using different types of managed care arrangements have influenced, positively or negatively, the provision of the major service components of CLPP programs; (2) gather detailed information on the ways in which CLPP programs are dealing with the challenges presented by managed care; (3) identify patterns and themes in how CLPP programs have addressed the challenges of managed care, including the roles and responsibilities that have been shifted, the existing responsibilities they have retained, and any new roles and responsibilities they have assumed; and (4) identify strategies that might help lead poisoning prevention grantees and other providers creatively respond to the challenges of a new health care environment.

Methodology:

The contractor selected for site visits a small number of CLPP programs that are already operating in a range of managed care environments and that have taken varied approaches to dealing with managed care. Sites were selected that represented diverse responses to managed care, including some grantee programs that were likely to retain a direct service delivery role and some that were likely to cease service delivery and adopt new roles. Interviews were conducted with CLPP program staff responsible for each of the major service components of the program. MCH, Medicaid staff, and key administrative leadership were also interviewed.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-102B(a) 200-88-0641 1%-Task Order	Tips Nancy (770)488-7277	7/27/92 3/30/94	Macro NCEH $85,237.00	The Effect of Mandated Managed Care for Medicaid Populations on the Practice of Public Health: Childhood Lead Poisoning Prevention

Findings :

Capitation models for managed care are growing more rapidly than other models. Theoretically, by improving access and continuity of care for poor children, managed care should result in increased numbers of children screened. However, in the absence of a legislated screening mandate, Medicaid managed care initiatives that emphasize moving Medicaid-enrolled children to private providers seem to have little impact on, or may actually decrease, the numbers of children screened. Only a fraction of eligible children receive EPSDT services, and most receive these in the public sector, suggesting that states may not be enforcing the EPSDT mandate, especially with private providers. Some states' data systems are not set up to receive reports from the private laboratories used by private sector clinicians, which renders determining the number of children screened difficult. Lead screening may be among the least attractive of the EPSDT requirements because of its relatively complicated periodicity and the potential for liability for follow-up if a child with an elevated blood lead level is identified. In most states visited, the EPSDT reporting system does not allow the state to identify which providers are meeting the full EPSDT requirements and which are not.

Recommendations :

To serve as the basis of a childhood blood lead surveillance system, establish a legal infrastructure, which may take the form of a screening law, a reporting law, or enforcement of protocols and data collection to support enforcement. Identify and separately fund (from a source other than Medicaid) public health core functions to ensure that key services will not be ignored in a tight capitation environment. Require person-level data collection to supplement aggregate data collection as CLPP measures are not typically included in the list of indicators, which is necessarily limited. Ensure that case management responsibilities are delineated in the MCO contract; activities such as outreach and follow-up need to be clearly specified in the MCO contract, or they are unlikely to be done. Pursue mandated or contractual relationships as a means for CLPP programs to continue to provide services, either by mandating a continuing role for S/LHDs or by contracting directly with MCOs.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-102B(b) 200-93-0696 1%-Task Order	Tips Nancy (770)488-7277	11/24/93 5/30/95	Macro NCEH $85,237.00	Working with Community-Based Organizations (CBOs) to Advance the Childhood Lead Poisoning Prevention Agenda

Abstract:

Childhood Lead Poisoning Prevention (CLPP) programs and the agencies that fund them recognize three important shifts in emphasis that are occurring and need to continue to occur in their lead programs: a movement from direct service delivery to assessment, policy development, and quality assurance; addressing primary and secondary prevention; and coordinating the care and follow-up of lead poisoned children and their families in a comprehensive way. Partnerships with Community-Based Organizations (CBOs) can help CLPP programs with this paradigm shift. This study was designed to help CLPP programs develop productive partnerships with CBOs by providing insights on how lead poisoning prevention is being addressed by CBOs, the role lead poisoning plays in the larger issues these CBOs address, the strengths CBOs bring to lead poisoning prevention, and some examples of good collaborations already under way. The intent of this effort was to help grantees and local health departments build stronger bridges with the communities they serve, and to offer grantees some practical suggestions on how they can broaden their core mission of medical and environmental follow-up to include a broader, community-based prevention agenda.

This report relates to Phase 2 of the study, which sought to evaluate state and local collaboration with Community-Based Organizations (CBOs). Phase 1 of this study sought to evaluate the effects of managed care on CLPP programs.

Problem :

Childhood Lead Poisoning Prevention (CLPP) programs and the agencies that fund them recognize three important shifts in emphasis that are occurring and need to continue to occur in their lead programs: a movement from direct service delivery to assessment, policy development, and quality assurance; addressing primary and secondary prevention; and coordinating the care and follow-up of lead poisoned children and their families in a comprehensive way. Partnerships with Community-Based Organizations (CBOs) can help CLPP programs with this paradigm shift CDC encouraged 37 CLPP grantees to incorporate CBOs into childhood lead poisoning policy and practice. In attempting to do this, CLPP grantees have encountered challenges that stem from lack of familiarity with CBOs, poor past relationships with CBOs, and lack of experience in managing relationships that extend beyond traditional health department boundaries.

Objectives :

This evaluation was designed to help CLPP programs develop productive partnerships with CBOs by providing insights on how lead poisoning prevention is being addressed by CBOs, the role lead poisoning plays in the larger issues these CBOs address, the strengths CBOs bring to lead poisoning prevention, and some examples of good collaborations already under way.

Methodology:

Fifty CBOs were initially contacted; of those 50, 23 were selected for focus groups in Atlanta during November and December 1994. CBOs selected reflected diverse perspectives on lead poisoning prevention and had broad community agendas. Insight was given to the community agenda, strengths of CBOs, examples of CBOs delivering CLPP services, and government partnerships with CBOs.

Findings :

CBOs can be grouped along two major dimensions: grassroots and umbrella. CBOs see lead poisoning activities as a way to advance their community-based activities in community development, to improve access to medical and social services, and to increase political empowerment. In addition, CBOs are willing and capable of taking on essential childhood lead poisoning prevention services. Many are conducting activities that closely resemble the work of state and local health departments. CBOs can pressure the system or push institutions

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-102B(b) 200-93-0696 1%-Task Order	Tips Nancy (770)488-7277	11/24/93 5/30/95	Macro NCEH $85,237.00	Working with Community-Based Organizations (CBOs) to Advance the Childhood Lead Poisoning Prevention Agenda

to act, have credibility with the communities they serve, and are able to respond quickly and flexibly.

Recommendations : When choosing CBOs to work with, organizations should realize that not every community has CBOs that are interested in or involved in addressing childhood lead poisoning prevention. It is essential to choose appropriate CBOs to work with and to understand the goals and orientation of CBOs; they are not accountable to the same institutions as the public sector. CBOs have their own turf battles. The most critical consideration in assessing a CBO's capabilities is the CBO's track record. When dealing with CBO staff, remember that turnover will often be high even though their commitment to solving the problem may remain constant. Finally, CBOs compete for limited resources, particularly financial. Consequently, there are disincentives for CBOs to share information or join together in a collaboration.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-103 200-88-0643 1%-Task Order	Wyatt Steve (770)488-4226	7/26/92 7/26/93	RTI NCCDPHP $150,000.00	The Development of an Evaluation Plan for the Division of Cancer Prevention and Control's (DCPC) State-Based Comprehensive Breast and Cervical Cancer Early Detection and Control Programs

Abstract: *The primary purpose of this evaluation was to collect data pertinent to program-related decisions. The evaluation focused on State Health Agency Breast and Cervical Cancer program components (public education, provider education, quality assurance, surveillance, screening and follow-up) as well as the combined effect of program components. Short-term, intermediate and long-term program and health outcomes were assessed. Assessment of program development and implementation was considered along with traditional evaluations of program efficacy and effectiveness.*

Problem : The study set out to design an assessment format (framework) for the state-based Comprehensive Breast and Cervical Cancer Early Detection and Control Program that is capable of (1) delineating evaluation questions, health and program outcomes (indicators), measurement methods, data sources, analyses, and reporting strategies; (2) establishing an evaluation plan to assess the program components; (3) recommending strategies for evaluating technical assistance; (4) proposing strategies for implementing and managing the proposed evaluation plan; and (5) identifying evaluation research projects.

Objectives : The purpose of the task was to provide to CDC's Division of Cancer Prevention and Control information that would be useful for evaluating the CDC-supported, state-based Comprehensive Breast and Cervical Cancer Early Detection and Control Program. The contractor was to develop an evaluation plan that would recommend to CDC a process for sustained monitoring and evaluation of state-based programs. The process would generate information useful for future program implementation as well as for reporting to Congress.

Methodology: On July 29, 1993, DCPC suspended all deliverables related to this project due to changes that had occurred in policy and program evaluation information needs at both the Division and State levels. The final report summarizes how each completed activity and deliverable lent itself to the fulfillment of the contract. Completed activities included (1) a law analysis that interpreted the legal framework in which the program operates; (2) stakeholder interviews, designed to identify priority evaluation issues that should shape the design of the evaluation system; (3) state site visits, designed to assess program implementation, evaluation capacity, and barriers to meaningful evaluation; (4) a draft conceptual framework serving as an overall model of the program and its evaluation focus; and (5) facilitation of an Advisory Panel meeting, designed to provide expert advice on specific evaluation issues, the purpose of the evaluation system, and ongoing evaluation plans.

Findings : The law defining the legal framework within which the program operates calls for annual evaluation, thereby revealing Congress' view of the importance of ongoing evaluation. The number of RFA changes to which the program is subject suggest that any evaluation system designed must be flexible and adaptable to a rapidly changing regulatory environment. Stakeholders felt that the evaluation system should have the capacity to assess (1) increase in screening and treatment for underserved women; (2) decrease in deaths due to breast and cervical cancer; (3) detect shifts in stage at diagnosis; (4) progress in infrastructure development, coalition-building, and quality assurance; and (5) the system's flexibility in meeting the evolving information needs of its various stakeholders. Due to the various stages of development and the unique features of each individual state implementation, site visit data determined that the program was not yet ready to be evaluated as a comprehensive system

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-103 200-88-0643 1%-Task Order	Wyatt Steve (770)488-4226	7/26/92 7/26/93	RTI NCCDPHP $150,000.00	The Development of an Evaluation Plan for the Division of Cancer Prevention and Control's (DCPC) State-Based Comprehensive Breast and Cervical Cancer Early Detection and Control Programs

since most programs had been screening for only about 1 year. Site visit findings further suggested that states will need considerable technical and financial assistance in developing their evaluation capacities. Evaluation of innovative local initiatives would support determinations as to whether to expand or replicate these activities in additional communities or in other states.

Recommendations : Develop a written model of the program that specifies the overall purpose, organization, and structure of the program and takes into account the varying stages of component development in stating how and when the program will produce results. Formulate a well-articulated evaluation plan that maps directly to the program model. If CDC determines that national-level program evaluation is desirable, the agency must build in the capacity to establish linkages between CDC's program and various hypothesized program impacts. In creating this capacity, CDC should (1) standardize program implementation, (2) standardize the evaluation data collected on the program, (3) maintain consistency in variable definitions from year to year so that data can be used in time-series comparisons to look for changes over time, and (4) explore quasi experimental designs to provide for treatment and comparison states. CDC should include various types of evaluation in its evaluation system in order to respond to the four levels of information needed: (1) national program impact information, (2) state-level tracking data (for management feedback), (3) formative information for states to use in improving their own programs, and (4) special studies to learn which kinds of programs are most effective and efficient in meeting program goals and objectives. Develop and implement an evaluation technical assistance plan for states, beginning with a needs assessment to identify the types of assistance required.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-104 200-88-0641 1%-Task Order	McDowell Dennis (404)639-3707	2/24/93 10/15/93	Macro PHPPO $150,000.00	Evaluation of CDC and ATSDR Training Activities

Abstract:

The study consisted of two concurrent streams of activities. The first stream was intended to develop an inventory of training activities currently under way within CDC that have as their audience state and local health personnel. This inventory was developed by reviewing the sources of training information already compiled by PHPPO staff and the most current printout of the PHPPO on-line electronic catalog. The second stream of activities was intended to identify the current and emerging training needs of local health departments. Nine local health departments were selected for brief site visits. During these site visits, data were collected on current and emerging training needs, current training activities, and the departments' perceptions of future challenges and issues. Similar interviews were conducted with representatives of four professional associations, including: Association of Schools of Public Health, National Association of County Health Officials, Public Health Foundation, and U.S. Conference of Local Health Officials.

Problem :

Public health operates in a continually more turbulent environment. In its 1989 monograph "The Future of Public Health," an Institute of Medicine (IOM) panel noted that a skilled public health work force is a prerequisite for meeting the challenges set forth by the Healthy People 2000 National Health Objectives.

Public health professionals represent a variety of academic disciplines and backgrounds. As leading providers and designers of training for their consitituents in state and local health departments, the Centers for Disease Control and Prevention (CDC) and the Agency of Toxic Substances and Disease Registry (ATSDR) need current information on training needs, target audiences, topical coverage, and the adequacy and appropriateness of existing training methodologies.

Objectives :

In October 1992, CDC's Public Health Practice Program Office requested a study to (1) compile an inventory of current training activities within CDC/ATSDR and (2) identify training needs of state and local health departments.

This study explored the following key research questions: (1) What training is CDC/ATSDR currently providing? (2) What current and emerging training needs exist at the state and local levels? (3) To what extent does CDC/ATSDR address these needs? (4) How can CDC/ATSDR better respond to current and future training needs? (5) What challenges does the future hold for frontline public health agencies? and (6) What feedback mechanisms can be established that will best enable CDC to anticipate the training needs of its major audiences?

Methodology:

The study consisted of two concurrent streams of activities. The first stream was intended to develop an inventory of training activities currently under way within CDC that have as their audience state and local health personnel. This inventory was developed by reviewing the sources of training information already compiled by PHPPO staff and the most current printout of the PHPPO on-line electronic training catalog. This document review was supplemented by interviews with CIO staff. The second stream of activities was intended to identify the current and emerging training needs of local health departments. Nine local health departments were selected for brief site visits. The core activity of the site visit was a focus group with health department staff. In addition, interviews were conducted with representatives of four professional associations: the Association of Schools of Public Health, the National Association of County Health Officials, the Public Health Foundation, and the U.S. Conference of Local

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-104 ~~200-88-0641~~ 1%-Task Order	McDowell ~~Dennis~~ (404)639-3707	2/24/93 ~~10/15/93~~	Macro ~~PHPPO~~ $150,000.00	Evaluation of CDC and ATSDR Training Activities

Health Officials.

Findings : Although training plays an important role in the mission of all CIOs, they vary widely in their definition of training, the media used, their current target audiences, and their ability to expand access to new audiences. Health department staff and professional association representatives share concerns that health care reform may take away assurance responsibilities at a time when other important public health functions--particularly assessment and policy development--are not well developed at the local level and are poorly understood among the public and policymakers. While the majority of local health department resources are currently invested in assurance activities, most realize that their future lies in expanded assessment and policy development roles. However, CDC training activities tend to be clustered in assessment and certain practices within assurance, whereas training opportunities in the crucial areas of advocacy, evaluation, and public information are few. In addition, few training activities are provided in subject areas identified by local health departments as priority areas, such as mental health, substance abuse, cancer, cardiovascular disease, food-borne illness, and lead poisoning Training needs assessment is in a primitive state; it will be difficult for CDC to stay abreast of the training needs of local health departments because there is no routine mechanism yielding data. CIOs tend to rely principally on stand-up training, have limited resources to devote to expansion of training, and make little use of advanced training technologies.

Recommendations : Devote resources to the development of more training activities in policy development and public information, perhaps by integrating the interests of several CIOs. Develop curricula in both process and outcome evaluation. Continue the decentralized delivery of training, but maintain the electronic catalog as a means of collating training opportunities. Assist states in their efforts to assess and respond to local training needs by providing curricula, technical assistance, guest speakers, and more training products in alternative media. Develop a simple, generic training needs assessment tool that can be used or adapted by CIOs and local health departments. Examine stand-up programs for potential repackaging in other media and help CIOs explore the use of advanced technology, such as videoconferencing, and "engaging" media, such as interactive computers and videotapes. Local health department staff suggested that training carry professional credibility as an incentive to staff and expressed interest in training on such topics as (1) mobilization for crises and (2) grant-writing and funding source development.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-106 200-93-0626 1%-Task Order	Daily Lisa (770)488-5403	12/20/93 4/30/95	Battelle NCCDPHP $144,050.00	Development of a National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Evaluation for Decision-Making Strategy (follow-on)

Abstract:

A two-phase project consisted of developing and then pilot testing the Evaluation for Decision Making Strategy (EFDMS). The purpose of EFDMS was to develop a comprehensive evaluation strategy that can be incorporated into planning, budget, and legislative processes in the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).

During Phase II, EFDMS was pilot tested in two states where CDC's National Breast and Cervical Cancer Early Detection Program is in effect. This program was selected partly because it would be possible to build upon ongoing efforts to develop a core set of Program Performance Indicators for state breast and cervical cancer programs. After development of a pilot test procotol and data collection instruments, the pilot test was conducted in Michigan and Texas. Data collection consisted of completion of indicator reporting forms, interviews, site visits, and post-interview reporting forms. Analyzed data were linked back to the EFDMS and implications of the pilot test were determined. Following analysis, the advisory panel was reconvened, and a final evaluation strategy and recommendations were developed.

Problem :

This project arose from trends within CDC and PHS to take a more deliberate approach to building evaluation into program planning and design. The goal was to make evaluation a forward-looking, rather than a retrospective activity. Issues to be addressed in developing the strategy were the evaluability of Center programs, program components to be evaluated, the scope of the evaluation, the types of data that should be routinely collected to support planning and evaluation activities, and feedback of evaluation results into the decision-making process.

Objectives :

The purpose of this project was to develop a comprehensive evaluation strategy that can be incorporated into planning, budget, and legislative decision processes in the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). The goal was to build evaluation into NCCDPHPs decision-making process as an integral part of program planning and ongoing operation. The project was not to be an evaluation per se. Rather, it was a systematic effort to develop a strategy within which future NCCDPHP evaluation could be structured and conducted.

Methodology:

The process of developing the Evaluation for Decision Making Strategy involved 10 steps and was conducted in an iterative fashion with continuing refinement as it proceeded. The steps involved (1) identifying a generic evaluation strategy, (2) convening an advisory panel, (3) interviewing CDC policymakers, (4) interviewing state-level stakeholders, (5) drafting an evaluation strategy, (6) convening a second advisory panel meeting, (7) revising the evaluation strategy, (8) conducting a pilot test, (9) convening a third advisory panel meeting, and (10) finalizing the evaluation strategy and recommendations. Steps 1 - 7 were conducted under Phase I of the project, Steps 8 - 10 under Phase II. The pilot test, conducted March through June 1994 in Michigan and Texas, involved several stages: (1) state reporting of indicator data, (2) site visits by the contractor, and (3) debriefing state staff about the experience of collecting indicator data. By comparing state reports with site visit reports, the adequacy and usefulness of indicator data were assessed. Through debriefing of state staff the feasibility, practicality, and acceptability of indicator-based reporting were assessed.

Findings :

The study found that planning and evaluation were not well linked at CDC. The pressure to field and maintain programs in response to emerging health needs often does not permit the

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-106 200-93-0626 1%-Task Order	Daily Lisa (770)488-5403	12/20/93 4/30/95	Battelle NCCDPHP $144,050.00	Development of a National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Evaluation for Decision-Making Strategy (follow-on)

luxury of evaluating their efficacy and effectiveness. Neither the funding nor the budgeting process at CDC is tied to evaluation, and planning and evaluation calendars are offset so as to make such a linkage difficult. The Government Performance and Review Act (GPRA) and Block Grant funding may be expected to have substantial impact on the planning and evaluation environment at CDC. High-level commitment to evaluation as a priority would be required to change the status quo, as well as a heightened awareness of differences between local, state, and federal resources, needs, and interests.

Recommendations : A three-pronged approach to evaluation was recommended, including (1) collection and management of a minimal amount of data from states, as is recommendated for Block Grant performance standards in pending budget legislation; (2) in-depth evaluation of demonstration projects to identify program components that are worth disseminating to other states and localities; and (3) bringing R&D activities across all NCCDPHP programs into strategic planning and evaluation, likewise with the purpose of identifying and incorporating effective program elements in program planning. Under this Evaluation Strategy, (1) CDC would coordinate data collection, conduct and expand surveillance, fund and conduct demonstration projects coupled with in-depth evaluation studies; (2) states would fund programs and provide data on minimal Block Grant performance indicators; and (3) localities, with technical assistance from CDC and the states, would conduct qualitative evaluations of how local programs are doing compared to what was planned. Additional recommendations were made with regard to technical assistance to states, orienting NCCDPHP staff to evaluation for planning, and strategic positioning of evaluation in NCCDPHP.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-107 200-88-0641 Program-Funded	Kingon Bob (404)634-0552	3/13/92 7/30/92	Macro OD/OPPE $40,000.00	Evaluation of Health Communications at CDC

Abstract:

Currently, CDC has a variety of health communications activities under way in different CIOs, according to a recent inventory. However, these widespread communications efforts are somewhat fragmented and lacking in an overall framework. CDC is now poised to move to the next phase: developing a comprehensive health communications plan to help achieve successful strategies from the fields of social marketing, message design and delivery, communications campaign strategy, and education research and evaluation in line with its obligation to communicate to the public. To expand its communications reach, CDC will build on its existing information systems and help strengthen the capacity of its traditional partners in state and local health departments through technical assistance in health communications. Overall, CDC's comprehensive plan will encompass a variety of types of and approaches to health communications. This project represents the first phase in the process of establishing health communications within CDC. Its intent is to assess the current status of health communications and recommend a plan of action that proposes services, functions, and organizational structure, all based on a model that relates each aspect to CDC's prevention mission.

Problem :

Health communications is emerging as a vital component of public health strategies to promote health and prevent disease. Traditionally, CDC has been effective in communicating health information to "gatekeepers," for example, public health professionals and medical groups. Currently, numerous communications activities take place throughout CDC. However, these widespread communications efforts are somewhat fragmented and lacking in an overall framework. CDC is now poised to move to the next phase: developing a comprehensive health communications plan to help achieve successful strategies from the fields of social marketing, message design and delivery, communications campaign strategy, and education research and evaluation in line with its obligation to communicate to the public.

Objectives :

To assess the current status of health communications at CDC and to help CDC develop an action plan to integrate and expand health communications within the agency. This report reviews the needs identified by CDC staff and others and includes recommendations for improving and integrating health communications within CDC.

Methodology:

Building on an issue paper prepared by an ad hoc committee and an inventory of communication activities compiled by the Office of Public Affairs (OPA) in 1991, this study (1) commissioned a background paper for review by staff from CDC and ATSDR to establish a framework for discussions of health communications; (2) conducted approximately 20 interviews with more than 50 senior staff in Atlanta and the Washington area; and (3) held two meetings to discuss health communications options for CDC, one with experts from health communications, social marketing and related fields, and a second with senior health communications staff from other PHS agencies.

Findings :

Presently within CDC, there is a broad range of capabilities and widespread interest in improving health communications for an array of purposes. Widely differing levels of utilization of health communications exist within the CIOs, from the sophisticated strategies used by NAIEP to almost nonexistent. The need to communicate are not integrated into many CIOs, even some of those with major responsibilities to communicate within public health and medical communities and to target consumers. Marketing considerations to assure that target audiences receive information that they perceive as useful are not now integral to program planning at CDC. NAIEP has been providing consultation through loaning staff on detail or

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
[illegible]92E-107 200-88-0641 Program-Funded	Kingon Bob (404)634-0552	3/13/92 7/30/92	Macro OD/OPPE $40,000.00	Evaluation of Health Communications at CDC

contractors for consultation to other programs. However, to continue to rely on NAIEP to provide this assistance will severely strain NAIEP's capacity to respond to its HIV prevention mission.

Recommendations : In addition to numerous specific recommendations, the following implementation steps were recommended in order to begin the process of institutionalizing health communications within CDC: (1) the Director should establish a task-oriented and time-limited health communications working group with representatives from each CIO, staff office at ATSDR, designated staff with health communications expertise, and outside experts as needed; (2) the Director should establish a health communications focus for CDC; (3) CDC should build a marketing approach into program planning; (4) CDC should commit resources (FTEs and funds) to permit internal health communications capacity building to begin in FY 93; and (5) the Director should announce plans for integrating health communications more broadly within the CDC in at least one major speech to CDC constituents and in at least one publication.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-108 200-88-0642 1%-Task Order	Schmid Thomas (770)488-1101	8/20/92 9/30/94	Battelle NCCDPHP $75,000.00	A Case-Study Evaluation of the Henry J. Kaiser Family Foundation's Community Health Promotion Grants Program in the Southern States: Phase 2 Final Report

Abstract:

In 1988, the Henry J. Kaiser Family Foundation (KFF) initiated the Community Health Promotion Grants Program (CHPGP) in seven southern states (Arkansas, Georgia, Mississippi, South Carolina, Tennessee, Texas, West Virginia, and the District of Columbia). In January 1991, the KFF, in conjunction with the Centers for Disease Control (CDC), commissioned the contractor to undertake a two-phase evaluation of the KFF's CHPGP as it had been implemented in the southern United States. This project refined the methodology and instrumentation of a case-study evaluation of local health promotion initiatives to prevent adolescent pregnancy and substance abuse undertaken in three southern states as part of the southern CHPGP. The instrumentation was implemented and evaluated in a companion case-study evaluation supported by the Kaiser Family Foundation.

Problem :

In 1988, the Henry J. Kaiser Family Foundation (KFF) initiated the Community Health Promotion Grants Program (CHPGP) in seven southern states (Arkansas, Georgia, Mississippi, South Carolina, Tennessee, Texas, West Virginia, and the District of Columbia). In January 1991, the KFF, in conjunction with the Centers for Disease Control (CDC), commissioned the contractor to undertake a two-phase evaluation of the KFF's CHPGP as it had been implemented in the southern United States.

Phase 1 of the evaluation was completed in 1991. This was an exploratory case study conducted in all eight southern states that received CHPGP grants, with research effort focused at the state level. Phase 2, recently completed, was an explanatory case study of the mobilization, implementation, and effectiveness of the Southern CHPGP at the state and community level. Phase 2 was designed to link state and local program characteristics, environmental factors, and behaviors to the effectiveness of CHPGP interventions. The subset of three Phase 2 states (Arkansas, Mississippi, and South Carolina) was selected on the basis of findings from Phase 1.

Objectives :

The two-phase evaluation strategy was developed in response to the special evaluation challenge posed by the CHPGP. Planning and implementing CHPGP initiatives in a variety of settings and over several years was a complex undertaking. The evaluation had to account for differences in project planning, design, and execution; in local needs and resources; and in local environmental factors that shaped the projects and influenced their outcomes. This required in-depth study if the lessons of the program were not to be lost. Analytic scrutiny of the sort required would have been extremely costly had it been undertaken in all of the CHPGP sites. The two-phase evaluation approach contained costs by selecting a subset of sites for Phase 2 evaluation, based on Phase 1 results from all states.

Phase 1 was an exploratory case study, with the primary objective of gathering the information needed to design a more intensive case study during Phase 2. Phase 1 activities identified common program characteristics, specified those characteristics likely to influence program effectiveness, and enabled selection of a subset of projects for intensive evaluation on the basis of these characteristics. A key outcome of Phase 1 was locating the Phase 2 sites in a context that would capture the important lessons to be learned from the CHPGP program as a whole.

The Phase 2 study was designed to test hypotheses derived from an explicit model of how the program works. Study questions were derived from the model and assessed against data collected in a limited number of CHPGP states, selected on the basis of criteria developed in Phase 1. The evaluation focused on process outcomes of state and local activities conducted wholly or in part with CHPGP funding, following the implementation of CHPGP projects over

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CDC92E-108 200-88-0642 1%-Task Order	Schmid Thomas (770)488-1101	8/20/92 9/30/94	Battelle NCCDPHP $75,000.00	A Case-Study Evaluation of the Henry J. Kaiser Family Foundation's Community Health Promotion Grants Program in the Southern States: Phase 2 Final Report

the period of the state grants.

Methodology:

The Phase 2 evaluation tested a program logic model. It was hypothesized that effective coalition building, clear focus on a target problem and population, sound technical design, and adequate funding and resource support would lead to positive local outcomes, implementation of a health promotion project likely to succeed, and community capacity building. The likely effectiveness of health promotion programs was assessed using "critical components," characteristics of adolescent health promotion programs that previous research has shown lead to good health outcomes. This was an embedded case study that analyzed local programs within the context of state programs, reflecting the two-stage design of the CHPGP itself. Data sources included field interview data and documentary evidence collected from localities, states, and the KFF. Interview data were collected in two rounds of site visits, one conducted in 1993 and a second in late 1994 - 1995. The objective of the data analysis was to create a chain of evidence linking program outcomes to contributing factors and context in each of our twelve case-study communities. This was done by matching patterns of findings across all elements of the model, first for all implementations within states, then across states. For local analysis, the state CHPGP is a contextual variable. We then assessed the state program as reflected in local outcomes (successful health promotion and capacity building). Comparing across states, we reached conclusions about the effectiveness of the KFF Southern Strategy as reflected in these case studies.

Findings :

While the design of the CHPGP required a local coalition, results indicated that, with some exceptions, community involvement in programs was minimal beyond the start-up phases. The strongest capacity building outcome was the Competitive Communities project in Marshall County, Mississippi, and creation of a 501(c)(3) organization for housing issues in Tunica County, Mississippi. The effective mobilization of community agencies to support programs was one of the successes of local CHPGPs in all three states. Racism and conservative community norms on sex education emerged repeatedly as factors that affected the success of programs in addressing adolescent health problems. Political influences at the state level affected the likelihood that local programs could be implemented and supported. The clearest differences across outcome categories were in the amount of funding, the length of the funding period, and the kind of technical assistance received from the state CHPGP by local communities. The CHPGP outcome as envisioned in the KFF conceptualization was to be a health promotion program for teenagers. But the distinctive feature of this program was that the outcome was to go beyond development of an intervention to create an infrastructure, a self-sustaining process by which communities would be able to move on to solve problems as they arose, supported by a now streamlined technical assistance from the state lead organization. This outcome, at least in its ideal form, failed to materialize in any of these three states. The CHPGP as implemented encountered difficulties from both conceptual and implementation perspectives. The conceptual problems were the lack of a clear focus in definition of program goals, confusion generated by the disconnect between social reconnaissance and the target health problem, and the inefficiency of the two-stage grant-making approach. From an implementation perspective, there were problems with staff turnover and the inadequacy of the technical assistance mechanism built into the program

Recommendations :

The following recommendations were made: (1) Define a program focus at the outset and stay with it The critical thing is to identify a set of objectives, agree on what they are, and adjust program design and implementation to address them. In the Southern CHPGP, a lot of resources were expended defining a program focus. This took funds away from community

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-108 200-88-0642 1%-Task Order	Schmid Thomas (770)488-1101	8/20/92 9/30/94	Battelle NCCDPHP $75,000.00	A Case-Study Evaluation of the Henry J. Kaiser Family Foundation's Community Health Promotion Grants Program in the Southern States: Phase 2 Final Report

programs. (2) To build community-based health promotion, fund communities to do health promotion. The two-tiered funding approach resulted in a great deal of money spent on program administration at the state level. A better approach would have been for the Foundation to fund communities directly. If it seems necessary to have an in-state coordinator, make a separate grant to a state agency to support such a person. (3) Be proactive about technical assistance and bring it into local grants. It is not adequate to have technical assistance available and wait for local implementors to ask for it. They may not know that they need to do this or how to ask. Someone, the funding organization or the state coordinator of a health promotion resource center, must be proactive in identifying technical assistance needs, arranging for technical assistance to be delivered, and evaluating the effectiveness with which it was delivered. Ideally, a means for doing this should be specified as part of requirements under the grant. (4) Confront the issue of racial divisions in southern communities directly. There seems to have been an implicit assumption in the design of the Southern CHPGP that differences in wealth and power across racial and ethnic divisions would be resolved in social reconnaissance and local coalition building. This did not occur. It might have been better to directly solicit information on the likely impact of race on program implementations from members of all racial groups at the beginning of the community process, perhaps as part of a needs assessment. If race is likely to be a significant barrier to program implementation, then the program must be funded adequately to be implemented without financial support from the community. An alternative is to build a human relations component into the early part of the program, as was done in Marshall County, Mississippi.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-118 200-88-0641 1%-Task Order	Jones Wanda (404)639-7230	10/1/94 3/15/95	Macro OD/OPPE $68,000.00	Consultation on CDC Policy Issues: Formation of (CDC's) Office of Women's Health

Abstract:

The primary goal of this study was to propose a vision for the Office of Women's Health at CDC and a strategy for realizing that vision. Specific recommendations were made in the following areas: (1) OWH's overall role and mission in improving women's health; (2) strategies for fulfilling OWH's role and mission, and objectives for monitoring progress in implementing each strategy; (3) staffing requirements and organizational structure; and (4) optimal relationships between OWH and other CDC components, and between OWH and external organizations and agencies.

Problem :

In 1994, CDC established an Office of Women's Health. The creation of this Office reflects the agency's commitment to women's health as one of its priorities and the need for focused efforts to promote and improve the health of women. The role of this Office is to support and further CDC's mission and the CIOs' efforts as they affect women. Five key functions of the Office are as follows:

Leadership. To provide an agency focus for policy and program development as it relates to women's health.

Advocacy. To increase the visibility of and commitment to women's health efforts at CDC

Internal Coordination. To organize CDC resources for enhanced collaboration on women's health activities.

External Relationship Building. To facilitate and enhance CDC's relationships with agencies and organizations at the national, state, and community levels in a common effort to promote and improve women's health.

Research and Program Development. To serve as a science-based voice for women's health at CDC, helping to identify gaps and expand into new areas.

Objectives :

The project sought to identify the role, functions, strategies, activities, and benchmarks for the OWH. Also addressed were such issues as positioning the office, staffing, building relationships, and priorities for the coming year.

Methodology:

To accomplish this task and to ensure broad input, contractor staff interviewed the Director and senior management of CDC and conducted two focus groups with members of CDC's Women's Health Committee and one focus group with other scientific and programmatic staff. In addition, interviews were conducted with several other PHS Offices of Women's Health, national organizations with an interest in women's health issues and selected states with offices of women's health or major initiatives in this area.

Findings :

Program offices that serve staff functions are most effective when they enjoy strong support from the Director and the Deputy Director. This support needs to be demonstrated clearly during the OWH's early development and reinforced regularly. The OWH should capitalize on and reinforce CDC's reputation as the "agency for prevention" and for its expertise in conducting population-based research. Despite the tremendous amount of good will evident within CDC for women's health and for the Office of Women's Health, the OWH faces a short period of time in which it must demonstrate its value to the CIOs through early, visible

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC92E-118 200-88-0641 1%-Task Order	Jones Wanda (404)639-7230	10/1/94 3/15/95	Macro OD/OPPE $68,000.00	Consultation on CDC Policy Issues: Formation of (CDC's) Office of Women's Health

successes that will benefit the CIOs and earn their continued trust and cooperation. The primary role of the OWH is to support and strengthen the work of the CIOs, so the focus of programmatic activity in women's health should be at the CIO level, not in OWH. For example, the OWH should continue to set aside a portion of its budget to support research and demonstration projects conducted by the CIOs Funding and staffing for the Office will be initially small and will not grow significantly over the next few years. Requests for information, presentations, assistance, reviews, endorsements, etc., will far outstrip the resources of the OWH, which means that clear and specific limits must be established for expected OWH activities, services, and products.

Recommendations : Early priorities recommended for the OWH include: (1) develop a succinct vision statement for women's health at CDC; (2) identify priorities and prepare a document highlighting them; (3) publish an article for a broad audience on policy and /or public health practice issues; (4) continue to develop standard speeches for delivery by CDC senior staff; (5) in collaboration with CIOs, initiate visits to selected high-priority constituent groups; (6) hold meetings with CIO staff to solicit ways in which OWH can support them; (7) initiate a seminar series; (8) develop a protocol for responding to requests for information; (9) assure the designation of a women's health liaison from each CIO; (10) identify the membership and organization structure of CDC's Women's Health Committee; (11) conduct an assessment of information for a women's health management information system; (12) meet with the Directors of the Offices of Women's Health in other PHS agencies to share CDC's vision and explore areas of mutual interest; (13) prepare and issue a letter to the PHS Regional Women's Health Coordinators introducing the OWH; (14) design an explicit process for awarding R&D funding and select new and continuing projects to support in FY96; and (15) meet with the CDC Foundation Board to present CDC's vision for women's health and to discuss the Foundation's expectations and interests.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC93E-100 200-93-7046 1%-Negotiated	Fuller-DuPree Natalie (301)436-7080	9/15/93 11/30/94	Westat NCHS $302,562.00	Evaluation of the Conduct and Content of Health Examination Surveys (NHANES Evaluation)

Abstract:

There were three major objectives of this evaluation project: (1) to evaluate core components in past NHANES and determine whether the content of the core components can be reduced to a more compact set; (2) to evaluate the efficiency of the examination center operations in NHANES III and make specific recommendations for planning of future examination surveys, including more efficient and automated systems for appointment, scheduling, and managing the flow of sample persons; and (3) to assess the extent to which core components are appropriate for use in settings other than the traditional mobile examination center (MEC). This project also supported the identification of a core set of standardized dietary and nutrition-related health indicators for use in nutrition monitoring surveys and state and local applications. NCHS has the lead responsibility for the identification of this core set of indicators as part of the Ten-Year Comprehensive Plan for Nutrition Monitoring. This project will contribute to the establishment and improvement of examination methodologies and core components that could be used in future NHANES as well as other health and nutrition examination surveys.

Problem :

The Third National Health and Nutrition Examination Survey (NHANES III) is the seventh in a series of surveys with health examination components that have been conducted by the National Center for Health Statistics (NCHS) since 1960. The target population of NHANES III is the noninstitutionalized, civilian population 2 months of age and older. The survey includes a sample of about 30,000 persons. The household interview includes demographic, socioeconomic, dietary, and health history questions. The examination component consists of phlebotomy and examination by a physician, a dentist, specialized interviewers, and health technicians. NHANES III consists of two 3-year cycles of data collection. In each cycle, an independent random sample of about 15,000 sample persons (SPs) is examined. Thus, about 5,000 SPs are examined during each year of the study. To satisfy NHANES III design requirements, several population subgroups, including blacks, Hispanics, infants, and older persons, are oversampled. The core content of NHANES comprises those examination components that have been repeated on several rounds of the survey.

NCHS is considering a design for NHANES-97 that includes recurring 2-year data collection cycles and a reduced MEC examination time. About 7,500 persons will be examined in each year (or approximately 50 percent more than are currently examined in NHANES III), for a total of 15,000 SPs, in each 2-year cycle. To accomplish the general goal of examining 50 percent more SPs within the same period, the current data collection design will have to be revised.

Objectives :

The purpose of this project was to evaluate four design areas and to provide NCHS with information that will be useful in planning NHANES-97. The following design areas were evaluated: (1) Task 2 - the conduct of the examination; (2) Task 3.1 - the core content of the examination; (3) Task 4 - other health examination studies; and (4) Task 6 - the feasibility of collecting specified nutrition assessment measures in a setting other than a mobile examination center (MEC).

Methodology:

The primary objective of evaluating the conduct of the examination was to explore methods for increasing the throughput of SPs by 50 percent. Several strategies were considered for accomplishing this improvement in efficiency: (1) identification of bottlenecks in the current MEC design; (2) analysis of the current MEC design in terms of the ratio of staff and examination rooms to SPs; (3) exploration of six alternative algorithms for assigning SPs to examination

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC93E-100 200-93-7046 1%-Negotiated	Fuller-DuPree Natalie (301)436-7080	9/15/93 11/30/94	Westat NCHS $302,562.00	Evaluation of the Conduct and Content of Health Examination Surveys (NHANES Evaluation)

components; (4) consideration of a variable capacity for the MEC (i.e., increasing the capacity of the MEC during the earlier part of the stand); and (5) consideration of a single daily session.

Findings : Decision-making algorithms based on past NHANES examination data suggest that the scheduling and routing of sample persons can be streamlined. A literature review of NHANES data used by researchers in published articles suggested NHANES components that could be reduced or dropped. A review of the other health examination studies showed that all of the NHANES components have been conducted in non-MEC settings, with varying degrees of success. Alternative settings may therefore prove useful in collecting the core minimum data set on difficult-to-sample but high-risk populations.

Recommendations : NHANES would benefit from an automated system for scheduling and routing sample persons. The core elements of the NHANES could be reduced to those components frequently used in research efforts. Consider alternative sites as a means of reaching difficult-to-sample, high-risk populations.

Update: Several changes in the survey planning process have affected plans for implementing recommendations generated by the evaluation. The most major change since the time of the report is that it has been decided to link future National Health and Nutrition Examination Surveys (NHANES) with the National Health Interview Survey (NHIS). The NHIS is an annual survey with the purpose of providing data on the amount, distribution, and effects of illness and disability in the population as well as on the utilization of health care services with regard to these conditions. The decision to link the surveys is the result of the Reinventing Government Part II (REGO II) process. The target date for this redesigned NHANES to begin is 1998.

The specific details of how NHIS and NHANES will be linked are still being decided. Regardless of how the link is executed, the sample for NHANES will be drawn from the same PSUs, addresses, and individuals as those participating in NHIS. As a result, recommendations from the evaluation report regarding sampling hard-to-reach populations will not be implemented unless these groups fall within the sampling frame for the NHIS. Plans to implement recommendations regarding alternative settings for the survey will be similarly affected.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC93E-101 200-93-0633 1%-Negotiated	Moran John (404)639-8272	9/20/93 7/31/96	Abt Associates NCHSTP $713,115.00	STD Prevention in the U.S.

Abstract: *The objectives of this study are (1) to determine the accuracy of CDC's surveillance data on STDs by comparing them with independently collected data from a survey of providers; and (2) to determine, also from a survey of providers, the extent of adherence to CDC's diagnostic and treatment guidelines for STDs and to identify ways of increasing compliance with those guidelines.*

Problem : Because STDs are communicable, the Centers for Disease Control and Prevention (CDC) play a leading role in their control and prevention. CDC's Division of STD Prevention provides financial and technical assistance to state and local agencies to support risk-reduction education, screening, partner notification, disease surveillance, research, training, and evaluation; STD treatment is financed by state and local health departments and by the private sector. CDC's strategy to control bacterial STDs and limit their sequelae has three main foci: preventing STD acquisition by risk-reduction education, preventing sequelae and transmission of infection by identifying and treating infected persons, and treating preventively those exposed. An integral part of CDC's control effort is surveillance of STDs. CDC collates, analyzes, and publishes data on STD occurrence provided to it by the states. The objectives of the surveillance system are to assess the magnitude of the STD problem, to identify the geographical areas and populations most burdened by STDs so that resources can be directed to them, and to follow trends that demonstrate program effectiveness and point to future needs. Another integral part of CDC's control effort is the formulation, publication, and distribution of guidelines for the management of STD patients. These guidelines are widely adapted and redistributed by state and other governmental entities as well as by private organizations.

Objectives : The purpose of this project is to develop a means of assessing the accuracy of CDC's surveillance data on STDs and the extent to which CDC's STD treatment guidelines influence clinical practice.

Methodology: Major features of the methodologic approach include: (1) phone contact during the planning stage with different types of STD service providers and institutions regarding the availability of required data and arrangement of records containing such data so that efficient survey instruments and techniques can be developed; (2) aggressive pursuit of endorsements of the survey from relevant professional associations; (3) mail/telephone recruitment of respondents, including a screening mechanism to eliminate low-STD-volume providers, followed by a mailed questionnaire with extensive telephone follow-up; (4) a split sample design, in which half of the respondents will be asked to provide retrospective data on STD cases diagnosed and reported during the previous two weeks, and the other half will be asked to provide data prospectively on specified two-week intervals; (5) the use of surveillance data as maintained by state departments of health, in addition to data reported to CDC, for comparison with the data obtained through the provider survey.

Findings : Study findings are not yet available

Recommendations : Study recommendations are not yet available.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC93E-102 200-93-0620(P) 1%-Negotiated	Emori Grace (404)639-6438	10/1/93 4/30/95	Analytical Sciences NCID $403,383.00	Evaluation of the National Nosocomial Infections Surveillance System

Abstract:

The National Nosocomial Infections Surveillance (NNIS) system is currently the only national source for comparative nosocomial infection rates in the United States. The NNIS data collection protocol, called surveillance components, is designed to account for the most important variations in patient and hospital risk factors that are associated with differences in nosocomial infection rates. NNIS infection rates are risk-adjusted, which permits hospitals to perform interhospital comparisons as well as to compare their own hospital's rates in the same population of patients over time. The source of NNIS data is a network of hospitals that follow the NNIS surveillance protocol to collect the data and voluntarily and routinely report them to the Hospital Infections Program at the Centers for Disease Control and Prevention. An important confounding factor that may affect the utility of the comparable rates is the quality of the data that are reported by the participating hospitals and placed in the national data pool. This project, which is a pilot study, evaluated the accuracy of nosocomial infection casefinding in NNIS hospitals. Areas where improvements in the NNIS protocol are needed were identified, such as clarification and revision of certain infection site criteria and other field definitions and further refinement of the methodology to conduct evaluation studies.

Problem :

The Department of Health and Human Services, Public Health Service, has charged CDC with determining whether national health promotion and disease prevention objectives in section 20.5 of Healthy People 2000 are being met. The referenced objective states that nosocomial infection rates in hospital intensive care units (including adult and pediatric ICUs and high-risk nurseries) should be decreased by 10% by the year 2000. In order to measure the change in the infection rate, an accurate method is needed for determining what the current rate of nosocomial infection is within the entire National Nosocomial Infections Surveillance (NNIS) system or even within a given institution.

Objectives :

The purposes of this study are to (1) evaluate the accuracy of nosocomial infection data reported to the NNIS system and (2) determine whether chart review methodology can be used to evaluate the accuracy of NNIS infection data. Specifically, the study was designed to (1) confirm the presence of nosocomial infections, by site, in patients previously reported to NNIS as infected; (2) confirm the absence of infections, by site, in a hospital-selected population of patients who were at risk for acquiring nosocomial infections, but for whom no infections were reported; (3) identify the reasons why NNIS surveillance personnel failed to correctly identify infections; and (4) determine whether consistent findings can be achieved by NNIS surveillance personnel using the prospective methodology and trained data collectors using the retrospective chart review methodology.

Methodology:

The study was conducted in two phases. In Phase I, data were collected by teams of trained infection control practitioners who were hired by the contractor and traveled to the study hospitals to identify nosocomial infections through retrospective review of selected medical records. Most of the records selected for review contained infections previously reported by NNIS surveillance personnel and the remainder were divided into records of patients at high and lower risk of infection where no infection had been reported by the NNIS hospital. The objective of Phase I was to identify all nosocomial infections in the selected records. In preparation for data collection, the contractor developed the study protocol and data collection forms and reference materials. A key reference material was the development of diagnostic algorithm reference sheets (DARS) that were based on the NNIS infection site definitions. The DARS assisted the data collectors to apply the NNIS criteria uniformly during the chart review process.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC93E-103 200-93-0696 1%-Task Order	Parrish Gib (770)488-7060	12/1/93 12/31/94	Macro NCEH $120,000.00	Evaluation of the Medical Examiner/Coroner Information Program (MECISP)

Abstract:

The purpose of this project was to evaluate and suggest improvements in the Medical Examiner/Coroner Information Sharing Program (MECISP) in order to ensure that it works as effectively and efficiently as possible toward the goal of improving (and sharing information on) death investigation in the United States. The methodology used in this investigation consisted of several components. Background interviews were conducted with MECISP staff and senior CDC staff and supplemented by interviews with 9 prominent medical examiners from around the U.S. Site visits to 9 Medical Examiner/Coroner (ME/C) jurisdictions were conducted. In addition to interviews with users of ME/C data, a literature review was conducted. From these data sources, suggestions and recommendations on improving access, visibility, relevance, coverage, and quality of MECISP data were provided.

Problem :

The death investigation system in the United States is very complex. In the United States, when a death occurs suddenly or unexpectedly, it must be investigated and certified by an office that is usually independent of law enforcement. This office may be at the state, district, or county level. In all, there are more than 2,200 jurisdictions responsible for death investigation and certification. Certification for these deaths is made by either a medical examiner (an appointed official who is usually a physician, and may be a pathologist or forensic pathologist) or a coroner (usually an elected lay official). Each state has its own laws governing the jurisdictions and qualification of the government officials responsible for investigating and certifying these deaths. Recognizing the potential utility of Medical Examiner/Coroner (ME/C) data to researchers and public health officials, CDC established the Medical Examiner/Coroner Information Sharing Program (MECISP) in 1987. At the CDC, MECISP is located in the National Center for Environmental Health. MECISP's goal is to improve the practice of public health through increasing the use of death investigation data in health research. In support of this goal, MECISP activities are designed to (1) improve the quality of death investigations; (2) improve the quality of the information obtained through these investigations; and (3) facilitate the exchange of information among medical examiners, coroners, and the public health community.

Objectives :

The purpose of this project was to evaluate and suggest improvements in the Medical Examiner/Coroner Information Sharing Program (MECISP) in order to ensure that it works as effectively and efficiently as possible toward the goal of improving (and sharing information on) death investigation in the United States.

Methodology:

The methodology used in this evaluation consisted of several components. Background interviews were conducted with MECISP staff and senior CDC staff and supplemented with interviews with nine prominent medical examiners from around the U.S. Site visits to nine ME/C jurisdictions were conducted. In addition, interviews were conducted with staff of other federal agencies and CDC staff who use ME/C data (and or MECISP) in their research. Finally, a literature search and review of studies using ME/C data were conducted. From the interviews, literature review, and site visits, suggestions were extracted on improving the access, visibility, relevance, coverage, and quality of MECISP data. These suggestions were presented to MECISP staff in a series of two staff retreats to identify the most important and most feasible improvements.

Findings :

MECISP must work simultaneously to improve the death investigation process and the quality of death investigation overall and to increase the use of ME/C data by health researchers. Although MECISP staff are well respected, MECISP as a data source is virtually unknown,

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CDC93E-103 200-93-0696 1%-Task Order	Parrish Gib (770)488-7060	12/1/93 12/31/94	Macro NCEH $120,000.00	Evaluation of the Medical Examiner/Coroner Information Program (MECISP)

and staff are reluctant to market the program until it has more to offer. MECISP data are currently not very accessible to researchers because of the need to perform customized searches for each request. MECISP data further may not meet the needs of public health researchers, who generally require a wider variety of data elements and a broader coverage than the current MECISP system can provide. MECISP data are also of variable quality due to unstandardized, largely manual collection procedures and the use of untrained, part-time staff for much of the data processing.

Recommendations : MECISP should make the current product more accessible to users by preprocessing data into more usable data sets, which effort should also free senior staff for other activities related to improving the program. Developing codebooks and training materials and publishing a core data set and an index of cases will also increase accessibility. MECISP should increase its visibility through focusing on in-house research, developing a descriptive brochure, and publishing a bibliography of research using ME/C data. Reestablishing a consultant group should help MECISP anticipate researchers' needs, and more active networking could help promote a common national agenda. MECISP should work to expand its coverage, providing grants to jurisdictions to support automation. MECISP should continue and expand its role in promoting quality in the field of death investigation through standardization of the process in the U.S. and improving the quality of its own database.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC93E-104 200-93-0635 1%-Task Order	Branche-Dorsey Christine (770)488-4652	9/30/93 10/30/95	Battelle NCIPC $217,357.00	Assessing the Cost Effectiveness & Cost Benefit of CDC-Funded Smoke Detector Programs

Abstract:

Phase I of this evaluation (1) inventoried various types of smoke detector (SD) interventions, including those funded by CDC and by other organizations; (2) evaluated the adequacy of SD coverage in homes that had received SDs through CDC-sponsored give-aways; and (3) produced a draft advisory guide, which included a summary of the inventory and smoke detector adequacy studies, for use by community organizations.

Phase II of this evaluation, the cost-effectiveness and cost-benefit analysis, which was to be completed only *if the inventory identified three or more interventions that had the information necessary to conduct the analysis, was not conducted.*

Problem :

Smoke detectors (SDs), when properly installed and maintained, have been found to be effective in reducing fire-related morbidity and mortality. A wide variety of community programs have been developed to distribute smoke detectors and promote their proper installation and maintenance. Increasing numbers of state and local laws are also being developed that require the proper installation and maintenance of SDs in residential dwellings.

Objectives :

Inventory Study. The purpose of the inventory was to provide information about different programs nationwide that have operated with the goal of increasing the use of SDs in homes. A secondary purpose was to assess (1) the availability of resource utilization data and records of costs associated with implementing SD programs and (2) the interest and willingness of programs to participate in any future cost-effectiveness study of SD programs.

Adequacy Study. This study evaluated the adequacy of smoke detector coverage in homes that recieved SDs through 5 CDC-sponsored give-away programs.

Methodology:

For the Inventory Study, a 19-page questionnaire was developed from a smoke detector questionnaire selected by CDC. The questionnaire included questions about the approach the smoke detector program used, what specific populations or groups were targeted, and how the program was carried out. Questions were also asked about how the program was staffed and whether any program resource use or program cost information was available. Questionnaires were completed by either mail or telephone interviews. The contractor made calls to contacts suggested by CDC and other organizations with the intent to obtain evaluable information from 50 SD programs (out of a total of 150 programs identified by the contractor). The survey achieved an 85.7% response rate, completing interviews on 48 of 56 eligible programs from among the 62 selected by CDC for inclusion in the survey.

For the Adequacy Study, the contractor subcontracted with five state/local injury control programs (chosen according to critieria specified by CDC) to conduct home visits in Oklahoma City OK, Minneapolis MN, Albany NY, Cherokee County NC, and Providence RI. During the home visits, smoke detector adequacy was evaluated using the following criteria: (1) at least one SD was present in the house, (2) the SD was functioning, (3) the SD was properly located, and (4) there was a functioning SD for each sleeping quarter.

Findings :

Eight-one percent of the 48 programs in the Inventory Study had targeted specific populations including children and the elderly, low-income citizens, residents of specific geographic areas, and residents of specific types of housing (e.g., mobile home, single family, older construction). Other groups targeted included the homebound, the disabled, single mothers,

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CDC93E-104 200-93-0635 1%-Task Order	Branche-Dorsey Christine (770)488-4652	9/30/93 10/30/95	Battelle NCIPC $217,357.00	Assessing the Cost Effectiveness & Cost Benefit of CDC-Funded Smoke Detector Programs

or those belonging to specific racial/ethnic groups. The three methods most commonly mentioned as effective in informing target populations were door-to-door contacts, TV spots or newscasts, and newspaper articles or announcements. The majority of programs surveyed encompassed multiple activities: about 80 percent involved smoke detectors, 75 percent batteries, and 75 percent educational campaigns. Other activities less frequently included were health care provider campaigns, ordinance enforcement, and efforts to pass legislation. About one-half of the programs reported having been evaluated, with the most frequent mode of evaluation being follow-up visits or telephone calls to check whether smoke detectors were still operational. Other programs assessed changes in the number of fire responses, the amount of property damage, and numbers of fire-related injuries and deaths. Some programs instituted reminder programs to encourage maintenance of installed smoke detectors.

A total of 671 dwellings were surveyed for the Adequacy Study. Of these 671 dwellings, 563 (or 86 percent) had at least one smoke detector present. Of the 887 detectors potentially available for testing, two-thirds (67 percent) of the detectors tested passed a "smoke" test, and nearly three-quarters (72 percent) passed a "button" test. After battery replacement, the majority of detectors passed both tests (78 and 77 percent, respectively). The majority of detectors (90 percent) were properly located. Only about 10 percent (n = 85) of the detectors mounted on either the wall or the ceiling were incorrectly mounted; an additional 18 were mounted in an incorrect room and another 31 were not mounted at all. The majority of the dwellings surveyed were adequately protected by smoke detectors, both in terms of having one smoke detector per floor (66 percent) and in terms of having a functioning detector for every sleeping area (71 percent).

Recommendations : Both the Inventory Study and the Adequacy Study were descriptive studies and did not include specific recommendations. Information from the summary reports of the two studies were intended for incorporation into an Advisory Guide on smoke detectors to be published by CDC's National Center for Injury Prevention and Control for use by community organizations planning or conducting smoke detector interventions.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC93E-105 200-93-0646 1%-Negotiated	Mitchell Patricia (770)488-5015	9/30/93 11/30/94	Casals & Assoc. NCCDPHP $95,000.00	Evaluation of Encarguese de su Diabetes: Una Guia para su Cuidado (Diabetes Spanish Booklet)

Abstract:

The Division of Diabetes Translation (DDT) of the National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention wrote and produced a preliminary edition of a diabetes patient guide targeted to Hispanic populations entitled ENCARGUESE DE SU DIABETES: UNA GUIA PARA SU CUIDADO (hereinafter called the Guide). The purpose of the Guide was to provide information to Hispanics with diabetes on how to take care of and control their disease. The production and distribution of this Guide will play an important role in providing knowledge and information to disproportionately affected Hispanic populations on diabetes complications and self-care management.

The purpose of the evaluation was to determine the understandability, relevance, usefulness, and adaptability of the Guide among diverse U.S. Hispanic populations (including Mexican Americans, Central Americans, South Americans, Cuban Americans, and Puerto Ricans) through the use of focus group discussions (FGDs). The objectives were to identify the types of health information needed that would enhance the day-to-day management of diabetes and to determine appropriate methods for communicating information on diabetes self care. Information gained from the evaluation was to form the basis for revisions to the Guide, as well as for the development of a video concept paper and Spanish-language script.

Problem :

The Division of Diabetes Translation (DDT) of the National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention was developing new Spanish language materials and was searching for a mechanism to evaluate these materials. This evaluation project was designed to meet that need. DDT wrote and produced a preliminary edition of a diabetes patient guide intended for Latino/Hispanic populations entitled "ENCARGUESE DE SU DIABETES: UNA GUIA PARA SU CUIDADO" (hereinafter called the Guide). The purpose of the Guide was to provide information to Hispanics with diabetes on how to take care of and control their disease. The production and distribution of this Guide will play an important role in providing knowledge and information to disproportionately affected Hispanic populations on diabetes complications and self-care management.

Objectives :

The purpose of the evaluation was to determine the understandability, relevance, usefulness, and adaptability of the Guide among diverse U.S. Hispanic populations through the use of focus group discussions (FGDs). The objectives were to identify the types of health information needed that would enhance the day-to-day management of diabetes and to determine appropriate methods for communicating information on diabetes self care. Information gained from the evaluation was to form the basis for revisions to the Guide, as well as for the development of a video concept paper and Spanish-language script.

Methodology:

The evaluation was conducted in two phases (Phase I and Phase II) through the use of FGDs. Phase I took place in February and March 1994; Phase II in August 1994. FGDs were held in five state locations. The CDC-approved states and locations were California (San Diego); Florida (Miami); Illinois (Chicago); Texas (Houston); and Washington (Toppenish). The Phase I evaluation produced a revised Spanish version of the Guide, which was tested in Phase II FGDs for subsequent finalization, production, and distribution. Twenty focus groups were held in the five locations, 10 in Phase I and 10 in Phase II.

Findings :

In both phases of the evaluation, focus group participants were positive in their perceptions of the Guide. For many it was the first time they had seen material written in Spanish that was

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC93E-105 200-93-0646 1%-Negotiated	Mitchell Patricia (770)488-5015	9/30/93 11/30/94	Casals & Assoc. NCCDPHP $95,000.00	Evaluation of Encarguese de su Diabetes: Una Guia para su Cuidado (Diabetes Spanish Booklet)

beneficial to them in caring for their diabetes. A Spanish language readability test was conducted on the Guide and found a 5.5-grade reading level. The focus group participants did have suggestions for additional material to be added to the Guide (see recommendations). Clarification of specific points was also recommended.

Recommendations : The study findings suggested changing the Guide's title to reflect the controllability of diabetes and presenting its opening discussion of the disease in a positive and upbeat manner. Specific additions included (1) a discussion of Type I and Type II diabetes; (2) information on support groups, diet, and physical activity; and (3) a glossary of terms. Specific amplifications included (1) a discussion of blood sugar levels and self-administering of insulin; (2) alcohol's role in lowering blood sugar levels; (3) medications and side effects; (4) causes and symptoms; and (5) the chronic nature of the disease. Additional findings included the need to broaden the availability of information through various media, the need to better target messages, and the need to lower the level of literacy required to understand other materials.

The study recommendations suggested that the information provided in the Guide should be available in audio, audiovisual, as well as in print media. The Guide should be targeted toward the family and remain at less than a 6th-grade reading level. Regardless of the media form, the diabetes messages should be in English and Spanish to accommodate varying levels of acculturation to American society.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-100 282-92-0041 1%-Negotiated	Wilson Ronald W. (301)436-7032	9/8/94 4/15/95	Lewin Vhi NCHS $139,770.00	Indicators for Health Reform

Abstract:

The objective of this project was to evaluate the adequacy and appropriateness of information collected in NCHS data systems to provide key monitoring indicators for health reform. NCHS will use the results of the evaluation for guidance in strengthening and revising its data systems to meet the needs for producing a widely accepted set of key monitoring indicators for the nation. Additionally, it is expected that this project will contribute to the methodology for evaluating the short- and long-term impacts of any reforms in the health care system on health insurance coverage, health care utilization, and access to primary and secondary prevention services.

Problem :

As the Nation's health statistics agency, NCHS provides information upon which the development of national health policies are based. In particular, NCHS collects, analyzes, and disseminates data on access to care, utilization of health services, health status, and health care outcomes. These issues take on increased emphasis in the context of health reform planning. Regardless of the current status of health reform planning, NCHS recognizes as part of its mission the need to improve methods for monitoring key indicators of the nation's health, including health care, on a systematic and regular basis. A comprehensive monitoring system is being planned to track the short- and long-term impact of health reform and to provide feedback for policymakers. It is anticipated that a reasonably small set of key indicators will be used to provide summary information on the long- and short-term impact of health reform on the health system and the US population.

Objectives :

The objective of the project is to evaluate the adequacy and appropriateness of information collected in NCHS data systems to provide key monitoring indicators for health reform.

Methodology:

Key monitoring indicators should cover health insurance, access to care, utilization of health services and clinical prevention services, health status, public perceptions and opinions, provider behavior and attitudes, health expenditures, consumer satisfaction with health plans, and quality of care and outcomes of care. Once indicators have been identified in each of these areas, they will be assessed using several criteria, including the capacity of NCHS data systems to provide the required information, variability of the measure over time, and the extent to which the measure may be expected to change in response to health care system changes. The contractor was asked to assess characteristics of key indicators through literature reviews, data analysis, and the experience of states and other countries.

Findings

The currently proposed primary indicators each represent important elements for monitoring, but do not provide a cohesive set of information. Levels of aggregation differ substantially across indicators, and coverage of different components of the overall system influencing health and health care are uneven. This is probably related to the current lack of targeted users to be supported by the system. Some of the proposed monitoring indicators require further methodological work to develop new composite indices, better measures, or standards for comparison to trigger user alerts. Previous testing of many of the primary indicators is very limited in terms of evaluating their use for monitoring the Nation's health and the health care system. The ability to disaggregate indicators by socioeconomic status and other variables indicating special health risks and care needs may require changes in NCHS survey question formulation and sampling strategy. To be responsive to the need for a more comprehensive monitoring system, a need expressed in a number of the external expert interviews, the NCHS "short list" of primary indicators should be logically connected to an

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-100 282-92-0041 1%-Negotiated	Wilson Ronald W. (301)436-7032	9/8/94 4/15/95	Lewin Vhi NCHS $139,770.00	Indicators for Health Reform

expanded set that would meet the needs of that wider audience. Appendix C of the project final report - which will soon be available on the NCHS home page - contains a very useful listing and summary of more than a dozen sets of indicators based on the contractor's review of the literature.

Recommendations : Recognizing the need to limit the total number of key indicators, NCHS should further review the current list of indicators, after identifying a target user group or set of groups, and assess the set of indicators in terms of coherence and completeness of the picture provided, and the level of disaggregation that provides needed information and insight. NCHS should identify priority indicators and areas for further methodological development and collaborate with other government agencies, such as the DHHS AHCPR, to address these tool development needs. After targeted user support is identified and the list of monitoring indicators is reviewed, a more focused effort to test that set of indicators, especially those newly developed, should be undertaken. Revised indicator definitions and data needs based on that testing may result in a different evaluation of the adequacy of NCHS data systems. Changes in sampling implied by indicator data needs should be factored into future NCHS survey changes and overall sampling strategy. Allocating resources for increased scope in these areas must be weighed against reduced sampling efforts that may be needed to offset it in other areas, and the loss to current users of that information. The specification of an expanded set should be given consideration now, to assure that the NCHS short list of primary indicators will be closely related, and cover all important elements treated in greater depth in a larger monitoring system. NCHS monitoring plans should be linked to a plan of staged design, implementation and coordination of existing data throughout DHHS, other federal, state, and local agencies and available private data sources.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-101A, B, C 200-94-0842 1%-Negotiated	Schuchat Anne (404)639-2215	9/30/94 9/30/96	Johns Hopkins NCID $498,000.00	Pneumococcal Infections

Abstract: *The purpose of this project was to evaluate CDC's current surveillance system for Drug Resistant Streptococcus Pneumoniae (DRSP) which is based on invasive pneumococcal infections identified at 13 hospitals in 12 states. To evaluate this system's sensitivity and representativeness, the contractors conducted active population-based surveillance for invasive pneumococcal infections in two geographically distinct areas. Surveillance areas for this evaluation are either adjacent to a sentinel surveillance hospital or in a community with one or more hospitals that is sufficiently large to serve as a comparison for the rest of the community.*

Problem : Streptococcus pneumonia infections are a leading cause of illness and death among young children, persons with debilitating medical conditions, and the elderly. S. pneumonia is the most common cause of otitis media and pneumonia in the US. Since treatment of most S. pneumonia infections is empiric, choice of antimicrobial therapy depends on susceptibility of S. pneumonia strains in the community. Until recently, pneumococcal strains in the US were routinely sensitive to penicillin and many other antimicrobial. However, the emergence of strains of S. pneumonia resistant to multiple drugs substantially complicates therapeutic decisions for management of pneumococcal disease, including empiric management of otitis media and pneumonia. Surveillance for drug-resistant pneumococcal infections is needed to permit clinicians to select optimal empiric therapy for their area. Antimicrobial susceptibility testing of pneumococcal isolates is not routinely performed in most hospitals, and data on drug resistant S. pneumonia (DRSP) is not available for most communities. CDC conducts hospital-based surveillance for invasive drug-resistant pneumococcal infections.

Objectives : The purpose of this task is to evaluate CDCs current surveillance system for DRSP which is based on invasive pneumococcal infections identified at 13 hospitals in 12 states.

Methodology: To evaluate this system's sensitivity and representativeness, the project will conduct active population-based surveillance for invasive pneumococcal infections in two geographically distinct areas. Surveillance areas to this evaluation will be either adjacent to a sentinel surveillance hospital or in a community with one or more hospitals that are sufficiently large to serve as comparison for the rest of the community. Data and clinical material obtained from the population under surveillance will be used to estimate the incidence proportion of S. Pneumonia infections resistant to each of several antibiotics; identify determinants of disease due to resistant strains; compare outcomes in DRSP infection and drug sensitive S. pneumonia infection; determine proportion of S. pneumonia isolates identified from nasopharyngeal and sputum specimens that is resistant to each of several antibiotics. The contractor shall perform laboratory-based surveillance for disease due to S. pneumonia and conduct clinic-based surveys of nasopharyngeal isolates. All isolates from invasive cases and a sample of those noninvasive isolates will undergo antimicrobial susceptibility minimum inhibitory concentration (MIC) testing, which will not be part of this contract.

Findings : This study is currently underway, study findings are not yet available

Recommendations : This study is currently underway, study recommendations are not yet available.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-102 200-94-0855 1%-Negotiated	Taylor Zachary (404)639-8123	9/30/94 5/30/96	Casals & Assoc. NCHSTP $50,617.00	Evaluation of TB Outreach Worker Activities

Abstract:

In 1987, the Advisory Committee for the Elimination of Tuberculosis urged the Nation to establish the goal of TB elimination by the year 2010. Among the recommended strategies for control of TB is increased funding for outreach workers and outreach activities. The purpose of this project was to provide the National Center for Prevention Services with baseline data on how outreach workers currently function. Specifically, this project sought to: identify how outreach workers currently accomplish their tasks; assess the quality of outreach workers' interactions with clients and supervisors; and evaluate the amount of time spent on various outreach activities. In addition to a survey of outreach workers, an observational study was conducted.

Problem : In 1983, the CDC responded to the increasing number of Tuberculosis cases by making cooperative agreement monies available to state/local TB control programs to launch outreach activities in high-incidence population groups and geographic areas. Outreach workers familiar with the cultures and languages of the communities served were to be recruited, hired, and deployed to perform a range of functions: following-up with clients, including locating and reminding them of appointments; providing directly observed therapy (DOT) of clients by ensuring the administration of daily or intermittent drug treatment; and identifying, tracing, and facilitating the examination of clients' contacts. By 1992, funding for this expanding outreach effort increased greatly. Yet, it has been difficult to determine exactly who these state/local TB control programs work and the role outreach workers may play in this process because of the absence of standardized guidelines regarding their job qualifications, service delivery functions, training requirements, and performance criteria. Therefore, the Clinical Research Branch (CRB), Division of Tuberculosis Elimination (DTBE), National Center for Prevention Services (NCPS) of CDC is currently undertaking a survey of state/local TB programs to determine the nature, range, and cost of outreach activities, and the attributes and functions of outreach workers.

Objectives : Complimentary to the study by CDC, the purpose of this task is to conduct a field study of outreach workers that includes direct observation of: the quality of their interactions with supervisors and clients; and, the conduct of their daily service delivery activities.

Methodology: The contractor will train and supervise field researchers who will conduct intensive ethnographic fieldwork for six weeks in six state/local TB control program settings with six outreach workers per site, for a total of 36 workers. The field researchers will use the methodological tools of direct participant observation and the conduct of semi-structured interviews with key informants. They will observe outreach workers in interactions with supervisors and clients as well as in their daily rounds of activities, with attention to both the nature of these functions and the time allocated to their performance. Researchers will also conduct semi-structured interviews with key informants: outreach workers and their supervisors and clients. Attention will be given to capturing the varying perspectives of these different types of actors.

Findings : This study is currently underway, study findings are not yet available.

Recommendations : This study is currently underway, study recommendations are not yet available

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-103 200-94-7020 1%-Negotiated	Blum Amy (301)436-7050	8/20/94	Cntr for Hlth Policy NCHS $315,895.00	Evaluation of ICD-10 for Morbidity Reporting Purposes

Abstract: *The focus of this evaluation was to answer the following questions: Is the ICD-10 a significant improvement over the ICD-9 for morbidity classification to warrant its implementation in the United States; if the implementation of ICD-10 is warranted, what additional modifications would further improve its use for morbidity applications; and are there any codes or concepts in ICD-9 not in ICD-10 that should be considered for inclusion?*

Problem : Classification systems play a crucial role in nearly all uses of health data, including public health surveillance and assessment, outcomes research, program evaluation, and reimbursement. If such systems are deficient, the uses of health data are compromised. NCHS has had the continuous responsibility within the Department of Health and Human Services for the application of the ICD to morbidity reporting from health records in the US. As the World Health Collaborating Center for the ICD, NCHS made significant contribution to the development of the tenth revision of the ICD, which has been approved by the World Health Assembly, and now must evaluate the product for its appropriateness for use in the US as a morbidity classification system.

Objectives : The purpose of this task was to conduct an in-depth analysis of the International Classification of Diseases, Tenth Revision (ICD-10) for use in morbidity reporting in the United States and to compare the ICD-10 and the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM).

Methodology: The contractor shall convene an expert Advisory Panel to provide advice and assistance in the evaluation of the ICD-10 Tabular List and Alphabetic Index and to comment on the Contractor's proposed modifications to the ICD-10. In addition, the contractor shall evaluate and compare the current ICD-9-CM tabular list and the WHO version of the ICD-10 tabular and the corresponding index and make recommendations for modifications to the ICD-10 tabular and index for morbidity use in the US. Concurrent to the aforementioned task, the contractor shall conduct an independent review of the index for those terms not included in the tabular list to verify the accuracy of the default assignments.

Findings : The final report has been received and the study findings are in the process of being reviewed.

Recommendations : The final report has been received and the study recommendations are in the process of being reviewed.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-104 IAG w/ IHS 1%-Interagency	Potter Lloyd B. (770)488-1557	9/23/94 12/30/96	Indian Health Service NCIPC $212,400.00	Evaluation of Suicide Prevention Interventions

Abstract: *This interagency agreement between CDC and the IHS was established to evaluate surveillance systems, process (implementation) and outcomes of four multi-faceted suicide prevention programs. The four Native American communities that were selected have carried out community-specific, locally operated surveillance and prevention programs. Subcomponents of this evaluation include: (1) assessment of the sensitivity, specificity, coverage and completeness of suicide surveillance systems which will be used for assessing outcome; (2) evaluation of program implementation of suicide prevention interventions; and (3) evaluation of the outcome of suicide prevention interventions for reduction of prevalence of suicidal behavior.*

Problem : As part of CDCs effort to prevent suicide, the newly formed National Center for Injury Prevention and Control has identified a need to recognize, categorize, and evaluate the effectiveness of interventions. While numerous interventions are conducted, evaluations are non-existent. In 1991, more than 30,000 Americans killed themselves making suicide the eighth leading cause of death. Suicide among American Indians and Alaskan Natives differs from the general population in that it is a problem that mainly affects teens and young adults with low rates among the elderly. As a leading cause of death which has continued to rise decade after decade, youth suicide is an important public health concern. Four American Indian communities were selected for this evaluation: Dulce, New Mexico; White River, Arizona; White Earth, Minnesota; and Wind River, Wyoming. Each of these communities has experienced high endemic rates of suicide. In addition, each community has made an effort to address the problem of suicide by developing and implementing community specific plans that involve coordination and mobilization of various community sectors.

Objectives : The purpose of this task was to retrospectively evaluate the implementation and efficacy of efforts to contain suicide clusters and to prevent suicide in four American Indian communities.

Methodology: The contractor will obtain background information for each community. In addition, the contractor will obtain, summarize, and address community stakeholder input regarding the evaluation of the interventions by developing a protocol and interview questionnaire that will be used to obtain necessary information. The contractor will also assess the specificity and sensitivity of the suicide surveillance system in each community.

Findings : Study findings are not yet available.

Recommendations : Study recommendations are not yet available

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-105 200-93-0696 1%-Task Order	O'Carroll Patrick W. (770)488-7510	9/15/94 1/20/96	Macro OD/OPS/IR MO $115,000.00	Evaluation of CDC/WONDER

Abstract: *The purpose of this project was to evaluate whether and to what extent use of CDC WONDER/PC by state and local public health practitioners positively affects the practice of public health, along a variety of dimensions (e.g., efficiency, scope, quality and timeliness of work).*

Problem :

Several years ago, the Centers for Disease Control and Prevention (CDC) undertook a concerted effort to improve its information support function for public health practitioners around the country. This process was driven by three specific needs: (1) to make CDC information more accessible to the field so that local decisions will be data driven and based on more timely information; (2) to integrate all of CDC's specialized and categorical software programs into one mega-program that can address all inter-communication functions; and (3) to expand the ability for two-way communication between CDC and field personnel. The response was CDC WONDER, an efficient electronic link between CDC and public health practitioners in locations around the US. CDC WONDER facilitates information exchange, by providing access to (1) a wide array of CDC data for use in public health decision making; (2) public health reports and guidelines which can inform and enhance public health policy and practice; and (3) an on-line resource guide to topical experts for more specific information or guidance. CDC WONDER became fully functional in March 1993. By September 1994, the number of registered users had increased over 1,000 percent to just under 10,000 users. Today, the system has over 16,000 registered users, nearly half of whom are members of the primary intended target audience, employees of state or local health departments.

Objectives :

The purpose of this task was to evaluate the extent to which CDC WONDER improved the timeliness and quality of information available to users, efficiency and cost-effectiveness of information gathering, whether users were satisfied with the system, and users' perceptions of CDC WONDER as a valuable resource. However, current utilization practices of CDC WONDER users required a broadening of these research objectives. Specifically, IRMO's system utilization tracking data clearly revealed that the majority of CDC WONDER registrants use the system solely for e-mail, largely ignoring the existence of the databases. Moreover, most of those who have accessed the CDC WONDER databases to date appear to be "surfers" who sporadically and briefly search a varitey of databases when they first log on to the system. Given the relative scarcity of "regular database users" available for purposes of assessing the public health impact of database access, and the substantial use of e-mail, the research objectives were expanded to include assessment of (1) users' perceptions of each specific component of CDC WONDER (i.e., databases, e-mail, and publications/documentation), and (2) the uses and impact of e-mail access on users' public health practice.

Methodology:

A 28-item survey was developed for use in telephone interviews with three groups: high-end database users, high-end e-mail users, and low-end users. The instrument was designed to gather information pertaining to respondent characteristics, information utilization, and specific CDC WONDER questions. Data were collected over the telephone and on e-mail.

Findings :

CDC WONDER does indeed deliver its intended benefits to those who use it in the intended manner. Respondents who regularly use the databases exhibited more timely access to data than did non-database respondents. In addition, database users expressed significantly higher levels of agreement that CDC WONDER had improved the cost-effectiveness of information

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-1[redacted] 20[redacted]0696 1%-Task Order	O'Carroll Patrick W. (770)488-7510	9/15/94 1/20/96	Macro OD/OPS/IR MO $115,000.00	Evaluation of CDC/WONDER

gathering. The quality of information was measured directly and indirectly and yielded mixed findings. However, findings from two of the hypothetical situations appear to suggest an advantage for database users. Database users were significantly more likely to be able to provide both state or community data and comparison data within the time allotted. Findings indicate that, in and of itself, the impact of CDC WONDER on work quality may be more limited than impact on timeliness and cost-effectiveness The findings also indicate that reliance on traditional methods of information access contain certain efficiencies of their own. The issue is largely whether or not users can quickly develop proficiencies in CDC WONDER use. The research also revealed that benefits of CDC WONDER extend to high-end e-mail users as well. E-mail users were significantly more likely to agree that CDC WONDER had improved their ability to communicate with cirtical others, that it had improved the quality of their work and that it was a critical resource. The majority of respondents in each group reported always trusting the information in CDC WONDER, and that CDC WONDER was easy to use. Though the e-mail and low-user groups expressed lower ratings for database access, this may be more due to lack of knowledge about the database resources than to any specific dissatisfaction with them.

Recommendations : Though the general response from users was substantially positive, the research findings suggest several important areas where user awareness and/or use of CDC WONDER could be improved. These include a need to strengthen user education and training and to provide more system capacity so users can access the system more easily. In addition, this research raised several additional questions related to CDC WONDER's impact on public health decision making. The most immediate program implication is the need to find effective methods for getting more current users to tap the benefits of CDC WONDER databases. It is clear that current levels of database use are extremely low. Any improvements in database use, however, will put added strain on CDC WONDER's increasingly overburdened capacity. CDC WONDER utilization tracking data clearly show that the number of users continues to grow exponentially. As the system reaches its capacity limit, users are beginning to find access difficult, particularly during peak working hours. As such, IRMO may need to consider one or more of the following options: (1) increase CDC WONDER capacity, (2) limit use during working hours to members of the primary target audience (e.g., state and local health department employees, CDC field staff), and/or (3) explore alternative methods for providing e-mail in order to free time on the system for database access. At least four areas of additional research are indicated by the current findings: (1) more direct evaluation of the role of information in public health decision making and its relationship to CDC WONDER, (2) an assessment of optimal utilization patterns, (3) a more specific evaluation of the role of e-mail in public health practice and decision making, and (4) assessment of the value of information currently provided through CDC WONDER.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-106 200-93-0697 1%-Task Order	Petit Theodore A. (304)284-5972	6/29/94 7/29/95	RTI NIOSH $79,996.00	Evaluation of the Fatality Assessment and Control Evaluation (FACE) Program: Dissemination Component

Abstract:

FACE is a program for identification and investigation of fatal occupational injuries. The goal of this program is to prevent fatal work injuries in the future by identifying work situations at high risk for fatal injury and formulate and disseminate prevention strategies to those who can intervene in the workplace. The purpose of this evaluation was to evaluate the effectiveness of information dissemination for three separate state-based FACE programs. To accomplish this task, the contractor sought to: (1) develop a methodology for evaluation of each state program; (2) design a survey instrument specific to each state program to be evaluated; (3) make site visits to each state to administer the survey; (4) analyze data collected; and (5) determine the most effective method to disseminate information for prevention of occupational injury.

Problem :

FACE is a program that identifies and investigates fatal occupational injuries. NIOSH supports, through cooperative agreements, state-based FACE programs in fifteen states. Although state-based programs vary, each includes four components: surveillance of fatal occupational injuries, investigation of specific types of fatalities, intervention and prevention efforts, and information dissemination. This evaluation was concerned only with the fourth component, information dissemination, and was limited to activities within the three states that initiated the state-based FACE programs: Colorado, Massachusetts, and New Jersey.

There are two principal dissemination activities within the FACE program: (1) investigative reports are sent to employers having experienced an on-the-job fatality and to other key informants at the local, state, and national level; and (2) brief, targeted information pieces such as FACE Facts are broadly disseminated. In addition, state program staff conduct other speaking, training, and writing activities in response to specific requests.

Objectives :

The goal of the evaluation was to (1) describe communication channels and information users, (2) identify prevention efforts resulting from information provided by the FACE program, (3) assess indicators of changed work behaviors that may be attributable to the program, and (4) assess the potential effectiveness of specific dissemination strategies within each state. Findings are intended to provide information to guide dissemination activities in these and other state-based programs and to serve as a framework for future evaluations.

Methodology:

Contractor staff met with the NIOSH Technical Monitor and held extensive discussions with staff from the three state FACE programs to identify key questions and evaluation approaches. A sample of employers and other key informants were contacted, first by state program staff and then by contractor staff, and interviewed using both in-person and telephone interviews. In addition, the contractor conducted focus groups with members of occupational groups targeted by each state for additional outreach efforts. All interview notes and focus group transcripts were coded and sorted using text-oriented database software for review and synthesis. Three main questions were addressed: (1) what audiences is the program reaching? (2) how do these audiences rate the materials they receive? and (3) how could the program increase its value to those who use it?

Findings :

Employers generally assessed the FACE reports favorably. A wide variety of applications were identified for the FACE materials, including professional education, public information, advocacy, regulation, surveillance, and vocational training. Recipients also indicate that they frequently distribute materials to colleagues and others seeking fatality data and adapt them for

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-106 200-93-0697 1%-Task Order	Petit Theodore A. (304)284-5972	6/29/94 7/29/95	RTI NIOSH $79,996.00	Evaluation of the Fatality Assessment and Control Evaluation (FACE) Program: Dissemination Component

secondary dissemination. There was a clear interest on the part of many interviewed in receiving additional materials, particularly relevant examples of FACE Facts. Focus groups with workers in hazardous industries revealed the strong influence of industry-specific organizational and economic influences on the dissemination of safety information. Participants were generally enthusiastic about the FACE materials they reviewed and provided specific suggestions about strategies for distributing them.

Recommendations : The following recommendations were made to enhance the effectiveness of the FACE materials: (1) provide rapid feedback to employers to maximize the likelihood of worksite changes being made; (2) offer shortened and simplified versions of FACE reports for broader dissemination; (3) increase access to existing materials by offering indexes and listings to help users identify reports and FACE Facts of interest; (4) consider allocating staff or support services to allow increased production of FACE Facts; (5) publicize the program's existence and products through broad dissemination networks to identify potential users; (6) disseminate materials through industry-specific channels, such as those suggested by focus group participants; and (7) incorporate monitoring and feedback strategies into all efforts to increase dissemination.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-106B 200-93-0697 1%-Task Order	Petit Theodore A. (304)285-5972	9/30/95 9/30/96	RTI NIOSH $112,628.00	Evaluation of FACE--Phase II

Abstract:

Phase I (State FACE) and Phase II (in-house FACE) were designed to evaluate the effectiveness of the dissemination component of the FACE Program. Phase I (completed in July, 1995) of this evaluation concentrated on the effectiveness of dissemination in three States: Colorado, Massachusetts, and New Jersey. The conclusions reached in Phase I indicate that on the State level, employers would benefit from rapid feedback on intervention recommendations; information should be disseminated through industry-specific channels; and shortened reports such as FACE Facts could possibly be more appropriate and useful to various audiences. Phase II will build on the results of the Phase I evaluation by applying the methodology and instruments developed in this Phase.

Problem :

Fatality Assessment and Control Evaluation (FACE) is a surveillance program for identification and investigation of fatal occupational injuries. The goal of this program is to prevent fatal work injuries in the future by identifying work situations at high risk for fatal injury and formulating and disseminating prevention strategies to those who can intervene in the workplace. The National Institute for Occupational Safety and Health (NIOSH), Division of Safety Research (DSR) conducts FACE investigations to gather information on factors that may have contributed to traumatic occupational fatalities. Currently, the investigations are conducted in three categories: falls from elevations, machine-related incidents, and logging. Information and data from a series of FACE investigations for a specific hazard or category is used to develop Alerts, technical reports, monographs, and updates to provide awareness on occupational hazards to employers, workers, unions trade groups, and educators.

Objectives :

The purpose of this task was to evaluate the effectiveness of the dissemination component of the FACE program.

Methodology:

The evaluation methodology developed in Phase I will be applied with necessary modifications to determine the success of various prevention strategies proposed by NIOSH to reduce the occurrence of selected occupational fatalities at the national level. The strategy for Phase II will build on the methodology from Phase I to survey, interview, or conduct focus groups among representatives of populations targeted by NIOSH efforts to disseminate FACE program recommendations via Alerts, technical reports, monographs, and updates. Various levels of effectiveness of the FACE program dissemination will be evaluated, including: (1) the quality, appropriateness, practicality, and utility of FACE-based information products; (2) effectiveness of the dissemination planning process in identifying and communicating with targeted individuals and organizations; (3) changes in safety and health programs, work practices, safety behaviors, equipment designs, regulations, and other factors that influence workplace risk; (4) changes in knowledge, attitudes, and beliefs in targeted individuals and organizations; and, (5) reductions in exposures, risks, costs, and the incidence of workplace injuries and deaths.

Findings

Study findings are not yet available

Recommendations :

Study recommendations are not yet available.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-107 200-93-0626 1%-Task Order	Rosner Eunice (770)488-4129	9/15/94 7/30/96	Battelle PHPPO $331,976.00	Assessment of the National Laboratory Training Network (NLTN)

Abstract:

The purpose of this study was to evaluate the degree to which the National Laboratory Training Network (NLTN) achieves its goals and mission. Specific study questions fall into 5 general categories: (1) offerings related to needs of laboratories and their staff; (2) quality of what is offered; (3) the impact of the program; (4) outreach and marketing; and (5) barriers related to training. During Phase I, the goal was to determine the best strategy for accomplishing the evaluation. In order to achieve this goal, the contractor sought to: (1) assess the evaluability of study questions posed by the Division of Laboratory Systems; (2) develop indicators for the study questions to be evaluated and match each indicator with appropriate data sources and data collection methods; and (3) develop and pre-test data collection instruments to be used during Phase II of the study.

Problem :

The mission of the National Laboratory Training Network (NLTN) is to strengthen "cooperative relationships between federal, state, and local public health agencies, academic institutions, private sector, and professional organizations involved in laboratory practice." The NLTN focuses on improving the efficiency and effectiveness of the nation's laboratory system by collecting and disseminating information, building networks for the exchange of ideas, and delivering training activities.

Objectives :

The goal of the study as a whole was to evaluate the degree to which the NLTN achieves its mission. The goal of Phase I of the study was to determine the best strategy for accomplishing this evaluation. In particular, the first phase, now completed, entailed the development of a study design and pre-testing of instruments to carry out that design. The second phase will entail the conduct of surveys of laboratory staff, supervisors, educators, and directors to assess the NLTN's impact on laboratory practice in the U.S. The remainder of this summary refers to Phase I only, as Phase II has yet to be completed.

Methodology:

In order to conduct the pilot, 56 survey questionnaires were distributed across nine categories. They are (1) Local Health Department (LHD) staff who have taken a course sponsored by the NLTN. (2) Physician Office Laboratory (POL) staff who have taken a course sponsored by the NLTN. (3) Local Health Department (LHD) staff who have not taken a course sponsored by the NLTN. (4) Physician Office Laboratory (POL) staff who have not taken a course sponsored by the NLTN. (5) State Training Coordinators (STCs). (6) CLIA Inspectors. (7) Directors of state laboratory microbiology departments. (8) Staff of microbiology departments within state laboratories, hospital laboratories, or reference laboratories who have taken a course sponsored by the NLTN. (9) Persons from continuing education or training organizations who have co-sponsored a course with the NLTN.

Phase 1 findings were used to modify the survey protocol and instruments.

Findings :

The pilot test results suggested that the survey was an appropriate length (taking approximately 20 minutes to complete). One problem identified was the fact that if a respondent were not in the appropriate target group, s/he would experience difficulty in answering the questions on a particular instrument. A second problem surfaced in the case of a group of respondents who did not return their questionnaires because they felt they needed permission from their local supervisor to complete the forms. Finally, one respondent neglected to answer a particularly complex portion of the survey that was designed in chart

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-107 200-93-0626 1%-Task Order	Rosner Eunice (770)488-4129	9/15/94 7/30/96	Battelle PHPPO $331,976.00	Assessment of the National Laboratory Training Network (NLTN)

form.

Recommendations : The pilot test supports the use of a multiple-part survey design consisting of "yes" and "no" questions supplemented by requests for examples of specific changes made in laboratory practice due to exposure to training. The screening protocol for choosing participants in the study should be made more rigorous to ensure that respondents belong to the appropriate target group. A letter of introduction to the regional or local director of public health laboratorians should be added to alert supervisors to the survey. The questions asked in chart form (which posed a difficulty to one respondent) should be streamlined, and wording on a number of stems should be clarified to improve consistency.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-108 282-92-0048 1%-Negotiated	Moreman Mary (404)639-4455	9/30/94 9/30/95	UCSF EPO $99,572.00	Evaluation of (CDC's) Prevention Effectiveness Activity

Abstract:

The purpose of this project was to (1) determine how the Prevention Effectiveness Activity (PEA) program has contributed to improving the assessment of prevention effectiveness at CDC, and (2) assess how prevention effectiveness information is used in program planning and policy decisions. Using written questionnaries and telephone interview data, this project concentrated on effectiveness and cost and how the results of prevention effectiveness have been used at CDC. The contractor sought to assess how the PEA's activities have increased the use and application of prevention effectiveness studies at CDC; answer specific questions about the use of prevention effectiveness information at CDC; and make recommendations on how to increase the use of prevention effectiveness information by CDC programs.

Problem :

The Prevention Effectiveness Activity (PEA) was established in order to contribute to the quantity and quality of prevention effectiveness practice at CDC. The four major programs that constitute the majority of the PEA's activities are (1) an annual course to introduce EIS officers and mid-level executive staff to prevention effectiveness methods; (2) an internship program that provides a three-month research experience for recent master's-level graduates; (3) the Economic Studies Contract (ESC) with the Medical Technology Assessment and Policy Research Center of Battelle; and (4) a technical assistance (TA) program that responds to TA requests from CIOs, and to a lesser extent, from state and local public health offices.

Objectives :

The purpose of this project is to evaluate how CDC's Prevention Effectiveness Activity has contributed to the quantity and quality of prevention effectiveness practice at CDC and to make recommendations to improve the performance and use of prevention effectiveness analyses in CDC. The evaluation focused on the overall role of the PEA in promoting and conducting prevention effectiveness analyses, and on its performance in four specific program areas: technical assistance, the prevention effectiveness internships, the Economic Studies Contract, and the prevention effectiveness course.

Methodology:

The evaluation was divided into two components: (1) the role of PEA and (2) PEA programs. Data were gathered using questionnaires, interviews, and review of written materials. Six questionnaires were developed, and each respondent received a relevant questionnaire depending on their experiences with the program. A total of 42 responses were received from the six different groups of people involved with PEA, specifically, those attending the Prevention Effectiveness course, technical assistance providers and technical assistance recipients, interns and intern supervisors, and ESC technical monitors. Data were also gathered from interviews with key informants and were classified as either personal or formal telephone interviews. Relevant PEA documents were also reviewed including materials regarding the PEA mission statement, training materials, ESC materials, and internship materials.

Findings

There were several key findings regarding the role of PEA: (1) prevention effectiveness is perceived as an important contribution to CDC's analytic capabilities; (2) PEA has broad capability within CDC; (3) cost effectiveness analysis is not regularly used at CDC; (4) a few prevention effectiveness studies have had a clear impact on programs or policies, although for a large number of studies, it is too soon to gauge impact; (5) PEA studies have been narrowly focused, with little assessment of broad policy; (6) PEA has primarily responded to research priorities rather than directing them; (7) the strategy of maintaining a clear identity for prevention effectiveness within the EPO, yet decentralizing many prevention effectiveness activities to the CIOs, appears to be successful; (8) prevention effectiveness resources should

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-108 282-92-0048 1%-Negotiated	Moreman Mary (404)639-4455	9/30/94 9/30/95	UCSF EPO $99,572.00	Evaluation of (CDC's) Prevention Effectiveness Activity

be focused on CDC needs and assistance to other agencies should be given a lower priority. In addition, key findings were presented for each of the specific PEA programs.

Recommendations : The following priorities were recommended for the role of PEA: (1) the proportion of prevention effectiveness activities performed by external contractors should be scaled back while increasing PEA and CIO prevention effectiveness capacity; (2) the visible leadership involvement in prevention effectiveness should be increased to reinforce the role of prevention effectiveness in the CDC mission; (3) prevention effectiveness resources could be allocated according to CDC program and policy priorities; (4) technical methods should be matched with the level of effort to the study question and policy needs; (5) PEA should increase efforts to publish key studies in peer reviewed journals and MMWR; (6) a decentralized approach to administration of prevention effectiveness activities should be continued with an increased reliance on CIOs to conduct studies and with PEA emphasis on technical assistance and development; (7) mechanisms to implement prevention effectiveness prioritizing criteria should be specified; (8) PEA work should be encouraged and supported; (9) an external panel of advisors to help guide the work of PEA should be convened; (10) a priority-setting process should be used as the criteria for the allocation of prevention effectiveness resources. In addition, specific recommendations were made regarding each of the PEA programs.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC94E-109 200-93-0696 1%-Task Order	Cheal Nancy E. (404)639-7095	9/30/94 10/1/95	Macro OD/OPPE $40,000.00	Development and Implementation of an Evaluation Training Course for the Office of Program Planning and Evaluation

Abstract:

Although a great deal of evaluation information is generated through a number of projects supporting Agency-wide requirements, there is no current policy or method by which this information is released or forwarded to other appropriate stakeholders who might not know about an evaluation project that relates to the mission or other policy goals of the stakeholder's CIO. Specificially, this task will provide the CDC Office of Program Planning and Evaluation (OPPE) with a mechanism by which evaluation content knowledge among stakeholders and information related to the one-percent evaluation process can be disseminated in a consistent and expedient manner to the various CIOs.

Problem :

Evaluation-specific activities in OPPE's mission include (1) development of CDC-wide annual program initiatives, (2) identification of areas requiring policy and evaluation analyses, (3) coordination of the evaluation of CDC programs carried out by the CIOs, (4) coordination of the 1% evaluation process, and (5) coordination of OMB clearances of data collection.

OPPE staff and CIOs' Planning and Evaluation (P&E) contacts have identified training in evaluation, development, methods, and project management as a high-priority need for training and professional development.

Objectives :

The purpose of this task was to develop, implement, and evaluate a training program for CDC staff involved in evaluation activities.

Methodology:

To accomplish the task objective, the following activities were undertaken: (1) a needs assessment was conducted to provide background information on and inform the development of the course, (2) a training curriculum was developed, and (3) the curriculum was pilot tested and evaluated in a workshop.

Findings :

The findings of the needs assessment interviews clearly support OPPE's decision to provide training to the Planning and Evaluation (P&E) contacts in evaluation. P&E contacts wish to be informed consumers of evaluation, not technical experts. Much interest was expressed in learning about the logic and logistics of evaluation as well as about the basic terminology of evaluation research.

Recommendations :

In addition to increasing the time devoted to the introductory course to 1-1/2 to 2 days, training on GPRA and related issues of performance measurement should be expanded, as should training in evaluability assessment (how to determine what and at what level to evaluate). Many participants in the introductory course also expressed an interest in more detailed information on design, data collection, and data analysis, which suggests the need for a more advanced course to supplement the introductory course. Consider adopting the "chains of causation" model introduced in the course developed for this task as a common vocabulary and set of basic ideas about evaluation.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC95E-100 200-95-7016 1%-Negotiated	Schechter-Ryan Susan (301)436-7111	9/9/95 2/28/97	Westat NCHS $550,000.00	Evaluation of Racial & Ethnic Identification Data

Abstract:

The objectives of this project were to (1) systematically evaluate how respondents for birth records interpret current questions about their ethnic and racial identity; (2) evaluate how they classify themselves on birth certificates with respect to the current racial and ethnic categories used in National Centerfor Health Statistics (NCHS) natality statistics data systems; and (3) compare their interpretation and classification in response to the current categories with how they would interpret questions and classify themselves using other racial categories under consideration by the Office of Management and Budget (OMB). The goal of these investigations is to apply the theories and methods of cognitive psychology to improving the data quality of natality data systems.

Problem :

For nearly a decade, the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) has been at the cutting edge of research on the cognitive aspects of response errors in surveys. Under the current Office of Management and Budget (OMB) Statistical Policy Directive No.15, statistics based on racial category are to be presented at a minimum in four categories: American Indian or Alaskan Native, Asian or Pacific Islander, Black, or White. Ethnicity (Hispanic origin) is asked as a separate question or as combined with race. Subsequent proposals have focused on broadening the categories to include a "Multiracial" category, and moving Hawaiian from the Asian Pacific Islander category to a new Native American classification. OMB has indicated they will exercise leadership in reviewing and revising standards for collecting racial and ethnic self-identity data. Racial and ethnic identification has been determined to be problematic because classifications are not mutually exclusive, definitions are not clear, data systems are not consistent, and certain groups are under reported. Furthermore, many people of Hispanic origin regard that as their race as well as their ethnic background. In addition, under current OMB guidelines, there is no category of mixed or other race. The National Center for Health Statistics, in collaboration with the Office of Minority Health and the contractor, is conducting research on the effects of changes in racial and ethnic classification on birth certificate records.

Objectives :

The objectives of this research are to (1) systematically evaluate how respondents for birth records interpret current questions about their ethnic and racial identity; (2) evaluate how they classify themselves on birth certificates with respect to the current racial and ethnic categories used in NCHS natality data systems; and, (3) compare their interpretation and classification in response to the current categories with how they would interpret questions and classify themselves using other racial categories under consideration by the OMB.

Methodology:

Currently, the race of the mother is used when presenting and analyzing national natality statistics. The impact of potential changes on NCHS natality statistics will be assessed by comparing responses of mixed race and Hispanic new mothers to "multiracial" and "check all that apply" options for birth certificate raee data. Phase I consists of pretesting the survey instruments, conducting 40 cognitive interviews, and assessing the effectiveness of various recruitment strategies for this hard-to-find population. The Phase II field test includes close to 700 new mothers who volunteered to participate in the study. Most of these respondents will be from mixed race or Hispanic origin. Specifically, information will be collected and analyzed from three sources: (1) a mail survey; (2) a follow-up telephone survey; and (3) the birth certificate filed for the respondent's youngest child. Survey respondents will first receive a mail questionnaire that will ask them to complete a mock birth certificate for their child. The

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC95E-100 200-95-7016 1%-Negotiated	Schechter-Ryan Susan (301)436-7111	9/9/95 2/28/97	Westat NCHS $550,000.00	Evaluation of Racial & Ethnic Identification Data

questionnaire will contain one of three versions of the race question. They will also be asked to sign a consent form authorizing the release of a copy of their questions and the information originally reported on the birth certificate. After return of the mail questions, the respondent will be telephoned and asked questions using differently worded race and ethnicity items; they will also be asked questions designed to measure strength of racial identification. Respondents will be paid $20 for their participation. State registrars in selected states will be cooperating in the study by providing copies of those birth certificates for which mothers have authorized release.

Findings :

Preliminary results from the cognitive interviews suggested that the standard race item is confusing for many women with multiracial backgrounds. Additionally, women with multiracial backgrounds reported that they varied the race reported on different forms, depending on the purpose and context of the form and there were indications of a "learning" effect. The order of presentation of different items seemed to make a difference in how often respondents reported being multiracial. When providing a "multiracial" response, most preferred to specify the particular racial combination, rather than a generic term like "multiracial." Most respondents could not easily verbalize their personal definitions of "race," "ethnicity," or distinctions between the two, and there was a very strong preference for combining Hispanic origin and race into a single item. From the mail survey, it was learned that the race question that included "multiracial" as an example produced the most multiracial responses, followed by the "mark all that apply" option, and the standard open-ended question produced the fewest number of multiracial responses. However, more women than expected indicated more than one race.

Recommendations :

From the study findings it is recommended that future analysis examine the effects of the mail questionnaire form by specific racial combinations and levels of racial identification. Additionally, it would be helpful to compare the results of the mail questionnaire to the birth record information. Also helpful would be an examination of the order effects on the telephone survey and an analysis of the extent that respondents switch racial identification across the three measures (i.e., birth record, mail survey, and telephone interview).

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC95E-101 200-95-0964 1%-Negotiated	Barrow James (770)488-5269	9/30/95 9/30/96	Institute of Medicine NCCDPHP $200,000.00	Prevention Centers Program

Abstract: *The purpose of this project was to evaluate the Prevention Centers to assess to what extent CDC-supported research is providing the public health community with workable strategies to address major public health problems. Prevention research issues related to innovation, relevancy, dissemination, application, and quality of research are the focus of this project.*

Problem : As public health and CDC move into a new environment, the role of CDC and it's relationship to the public health community will significantly change. It is clear that prevention research and dissemination of effective strategies and interventions will become paramount to the agency mission. It is important that CDC develop the capacity to conduct and support prevention research that is recognized as innovative and effective. For this to happen, the quality of scientific research supported by CDC at academic centers in the US must advance in terms of innovation, dissemination, application, and quality. To this end, prevention centers have been established at the following Universities: University of Alabama School of Public Health, University of California at Berkeley School of Public Health, Columbia University School of Public Health, University of Illinois School of Public Health, Johns Hopkins School of Hygiene and Public Health, University of New Mexico Medical Center, University of North Carolina Schools of Public Health, Medicine, Nursing, Pharmacy, and Dentistry, University of Oklahoma College of Public Health, Saint Louis University School of Public Health, University of South Carolina School of Public Health, University of Texas School of Public Health, University of Washington School and Public Health and Community Medicine, and University of West Virginia Robert C. Byrd Health Science Center.

Objectives : The purpose of this task is to determine to what extent CDC supported research is providing the public health community with workable strategies to address major public health problems.

Methodology: The contractor will establish and maintain an expert committee with experience and expertise in administration and clinical practice in public and private health care agencies and institutions such as state health departments, managed care plans, and academic medical centers; community health, maternal child and adolescent health, rural health, minority health, health services research, prevention research, and epidemiology, preventive medicine, behavioral and social science, and program evaluation. The contractor will also develop an evaluation design that should describe methods to assess the states research questions including issues of innovation, relevancy, dissemination, and application. The evaluation design should also include a site visit protocol.

Findings : Study findings are not yet available

Recommendations : Study recommendations are not yet available.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC95E-102 200-93-0696 1%-Task Order	Friday Jennifer (770)488-4646	6/9/95 4/27/96	Macro NCIPC $139,942.00	Youth Violence Prevention Programs

Abstract: *The purpose of this project is to identify key factors in the successful development and implementation of the CDC-funded youth violence prevention projects and to compile the findings in a document for individuals, groups or communities that will help implement youth violence prevention projects.*

Problem : Violence is a major contributor to premature death, disability, and injury, especially in young adults and adolescents. Many community groups across the country are designing and implementing youth violence primary prevention projects often with little guidance or experience The National Center for Injury Prevention and Control (NCIPC) has funded 153-5 year youth violence prevention projects over the past two years. Outcome and process evaluations are primary components of these projects, and the results should help determine the types of interventions that should be selected and how to determine if they are properly in place.

Objectives : The purpose of this task is to identify key factors in the successful development and implementation of the CDC-funded youth violence prevention projects and to compile the findings in a document for individuals, groups, or communities that will help implement youth violence prevention projects.

Methodology: The contractor conducted a literature review of the field; reviewed project reports, documents, and baseline data; conducted site visits to selected projects; interviewed project staff and others; and convened a panel of experts to help define successful implementation and identify factors that lead to success. The data collection strategy was iterative, each activity building on subsequent data collection efforts. Contractor staff reviewed pertinent background materials on CDC/NCIPC-funded youth violence projects to focus the literature review and inform site-visit selection. Interviews were conducted with CDC and grantee staff to develop an initial list of key areas for investigation and explore and identify characteristics and factors that are related to successful community implementation. This initial list was elaborated on in interviews with individuals and agencies working in youth violence and by a panel of individuals recognized for their contribution in the field of youth violence. Based on these sources, a final listing of the characteristics/factors associated with successful community implementation of youth violence prevention/intervention programs was produced and was used at the basis for the site visit protocol. Two- to three-day site visits -- to projects in Tucson, Los Angeles, NYC, Brooklyn, Houston, Santa Cruz, and San Antonio -- were conducted with staff of the organization, members of the community, community leaders, and youth served by the organization's programs. In order to capture information from all CDC/NCIP-funded projects, telephone discussions were conducted with program staff from the remaining CDC-funded projects regarding lessons learned and issues related to those addressed in the site visit protocol.

Findings : Among the most notable successes in youth violence prevention and reduction are those programs with a strong community base. The data collection for this project revealed diverse opinions about the specific program elements that are most important to successful program implementation. But a few underlying factors came to the fore: (1) a strong belief in the potential of youth; (2) the importance of meaningful community participation in articulating the problems and developing strategies to address them; (3) community representation in leadership and other staff positions; (4) adequate funding; and (5) the ability to monitor implementation and program effectiveness.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC95E-102 200-93-0696 1%-Task Order	Friday Jennifer (770)488-4646	6/9/95 4/27/96	Macro NCIPC $139,942.00	Youth Violence Prevention Programs

Recommendations : The findings are a first step in documentation to allow for replication of effective approaches. As stated earlier, the pragmatic aspects of how to get started, what steps need to be taken, who needs to be involved, and what other, often intangible events or factors need to occur in order for programs to function productively are often under-reported. Effective localization of intervention efforts for specific community needs is essential for constructive program building efforts. Accessing and recruiting community members, especially targeted youth, to participate in program planning and implementation were noted as important components of successful youth violence prevention and reduction endeavors. Information on which prevention strategies and activities have reduced youth violence in other communities needs to be shared. Finally, communities need to know how to determine whether an intervention is working. The next step in this project, the elaboration of the findings into an implementation guide that highlights useful approaches, lessons learned, and best practices in community implementation of programs to prevent and/or reduce youth violence, will fill an important and much recognized need.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC95E-103 200-93-0626 1%-Task Order	Giovino Gary (770)488-5703	6/30/95 10/30/96	Battelle NCCDPHP $366,825.00	Community Context Study of Minors' Access to Tobacco Products

Abstract:

This project was developed in response to a charge by the Secretary of Health and Human Services to assess the impact of public policy on tobacco use among youth. The findings from this study will help refine our understanding of the relationships between public policies prohibiting minors' access to tobacco, implementation and enforcement of such policies, tobacco vendor perceptions and actions that may influence the sale of tobacco products to minors, and the use of tobacco products by minors.

This project will be executed in two phases. Phase One involves the collection and analysis of baseline information on the activities of tobacco vendors, state and local agencies, tobacco-control advocacy groups, and other community organizations. In addition, a validation of reported vendor information and an assessment of the willingness of clerks to sell cigarettes to underage buyers will be performed. A second objective, which will be accomplished in Phase Two, is to assess the relationships between these activities and tobacco use by youth. Implementation of Phase II is contingent upon satisfactory performance by the Contractor and availability of funds. These objectives will be accomplished using the CDC-supplied study design.

Problem :

As an important factor in reducing tobacco-related morbidity and mortality in the United States. the Public Health Service is committed to preventing the initiation of tobacco use among young people. The Centers for Disease Control and Prevention (CDC) has been charged with evaluating the effect of bans prohibiting the sale and distribution of tobacco products to individuals under the age of 18. Although sources of tobacco for adolescents include friends, peers, parents, and free promotional samples, most adolescent smokers obtain cigarettes by purchasing them. In purchase attempts conducted in stores and gas stations, tobacco has been sold to underage teens an average of 65 percent of the time. Availability of tobacco products to minors through direct purchase allows for experimentation and early initiation of tobacco use. Approximately 80 percent of current adult smokers first tried a cigarette before the age of 18. Nearly one-quarter of high school seniors are daily smokers.

Objectives :

The purpose of the proposed study is to provide a national profile of the relationship between youth access to tobacco and the contextual variables that define communities' policies, attitudes, and activities regarding youth and tobacco. Specifically, this project describes (1) tobacco retail vendor perceptions and activities that may influence the sale of tobacco products to minors; (2) community activities and norms that may influence the enforcement of laws prohibiting the sale of tobacco to minors, public awareness about such laws, and use of tobacco by minors; and (3) the frequency of tobacco sales to minors. A future component to link the study results to tobacco use data of minors in study communities will be conducted.

Methodology:

To accomplish the tasks set forth, data are collected in 20 communities from three different groups. Information from managers and clerks of 600 establishments that sell tobacco products are being obtained through telephone interviews, which inquire about staff member's knowledge of tobacco laws, store policies and staff training, and opinions about tobacco control. Data on the 20 communities are being obtained by telephone interviewing of tobacco enforcement officials; local Substance Abuse, Prevention, and Treatment grantees; officials of groups that sponsor tobacco control activities; government officials; local merchant association leaders; and local high school representatives for a total of 160 separate interviews. These interviews yield data on community-level activities and policies regarding youth access to tobacco. A total of 1,000

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC95E-103 200-93-0626 1%-Task Order	Giovino Gary (770)488-5703	6/30/95 10/30/96	Battelle NCCDPHP $366,825.00	Community Context Study of Minors' Access to Tobacco Products

observational store visits with cigarette purchase attempts by minors are being conducted to obtain data on the frequency of underage tobacco sales in each of the study communities. These visits also validate some of the reported vendor data on placement of warning signs and tobacco items in the stores.

Data analyses focus on the relationship between enforcement and vendor perceptions/actions. A logistic model will be used to model this relationship. The unit of analysis will be the individual tobacco outlet. The community in this model will be treated as a random effect.

Measurement of tobacco use by minors from CDC's Youth Risk Behavior Survey will be analyzed under a separate task. Teen smoking will be the outcome variable to be modeled.

Findings : We expect the study findings to further our understanding of how strong community-level enforcement efforts curtail minors' access to tobacco and ultimately affect the teenage smoking rate in the community. The results of the study will have implications for local, state, and federal policies and programs to advance the Surgeon General's mandate for preventing the onset of smoking and the consequent epidemic of disease, disability, and death attributable to tobacco use.

Recommendations : The findings of this study will be disseminated to states, as they must develop measures to promote and enforce the law banning the sale of tobacco to underage people. The results will provide guidance as to the relative importance of different activities and approaches, as well as methodological advice to conducting observational store visits and cigarette purchase attempts.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC95E-104 200-93-0697 1%-Task Order	Sundin David (513)841-4382	9/30/95 12/31/96	RTI NIOSH $126,977.00	Assessment of the National Institute for Occupational Safety and Health (NIOSH) HHE Program

Abstract:

The purpose of this evaluation design project is to develop a process for NIOSH to conduct an ongoing evaluation of the effectiveness of the Health Hazard Evaluation (HHE) program, which responds to 400-500 requests for on-site health hazard evaluations each year from employers, employees, employee representatives, or other Federal, state, or local agencies. HHEs are conducted using industrial hygiene, medical, and epidemiologic techniques. HHEs which result in field surveys lead to the development of final reports of findings, which are distributed to the employer, employees, and relevant Federal, state, and local agencies. A prominent feature of each final report is a series of recommendations designed to address any health hazards identified during the site visit. The efforts of the NIOSH HHE program are thus directed toward preventing occupational health hazards through appropriate recommendations for control techniques, which are based on findings made during field-based hazard assessments. NIOSH has conducted several limited assessments of the HHE program, but has not conducted a systematic review of the public health impact of the program, nor attempted to design an efficient, ongoing process for evaluating program effectiveness using appropriate high-quality assessment techniques that can be implemented by NIOSH program managers.

Problem :

The Health Hazard Evaluation (HHE) program responds to 400-500 requests for on-site health hazard evaluations each year from employers, employees, employee representatives, or other Federal, state, or local agencies. HHEs are conducted using industrial hygiene, medical, and epidemiologic techniques. HHEs that result in field surveys lead to the development of final reports of findings, which are distributed to the employer, employees, and relevant Federal, state, and local agencies. A prominent feature of each final report is a series of recommendations designed to address any health hazards identified during the site visit. The efforts of the National Institute for Occupational Safety and Health (NIOSH) HHE program are thus directed toward preventing occupational health hazards through appropriate recommendations for control techniques, which are based on findings made during field-based hazard assessments. NIOSH has conducted several limited assessments of the HHE program, but has not conducted a systematic review of the public health impact of the program, nor attempted to design an efficient, ongoing process for evaluating program effectiveness using appropriate high-quality assessment techniques that can be implemented by NIOSH program managers.

Objectives :

The purpose of this task is to develop a process for NIOSH to conduct an ongoing evaluation of the effectiveness of the Health Hazard Evaluation (HHE) program, a program that responds to requests for on-site health hazard evaluations each year from employers, employees, or other agencies.

Methodology:

The contractor will be expected to review background information on the HHE program, including the results from previous evaluation efforts, and interview and compile inputs from NIOSH staff and major stakeholders in the HHE program. In addition, by drawing on organizational expertise in designing assessment processes, the contractor will also propose the optimum plan for assessing the effectiveness of the HHE program, which can then be implemented by NIOSH.

Findings :

Study findings are not yet available.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC95E-104 200-93-0697 1%-Task Order	Sundin David (513)841-4382	9/30/95 12/31/96	RTI NIOSH $126,977.00	Assessment of the National Institute for Occupational Safety and Health (NIOSH) HHE Program

Recommendations : Study recommendations are not yet available

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC95E-105 200-93-0626 1%-Task Order	Fishbein Daniel B. (404)639-2228	8/14/95 11/1/96	Battelle EPO $143,088.00	Evaluation of the Field Epidemiology Training Program (FETP)

Abstract:

The purpose of this project is to develop and implement a comprehensive evaluation strategy which will provide the International Branch, Division of Field Epidemiology, Epidemiology Program Office with the capacity to assess the degree to which CDC's Field Epidemiology Training Program (FETP) has achieved its objectives: (1) to train public health professionals in applied epidemiologic skills; (2) to promote the sustainability of autonomous FETPs; and (3) to develop a global network of national programs. This project is to evaluate the overall functioning and concept of the FETP. The data collected will be used to strengthen the global epidemiologic network and develop future directions.

The project will be conducted in two phases and will: (1) develop standards for program training performance; (2) develop evaluation questions, measurement methods, data sources, and analyses; (3) develop and implement a plan to evaluate FETP training and experience; (4) assess the quality of epidemiologic training provided by FETPs; (5) identify essential program components necessary for a global FETP network; (6) develop questions to evaluate the network by addressing strengths, weaknesses, interactions between components, recruitment of countries, sustainability, and benefit to the United States; (7) describe CDC's program service functions and administrative responsibilities in implementing and providing technical assistance to FETP countries; and (8) implement the proposed evaluation plan (Phase II).

Problem :

To protect the people of the United States, CDC operates public health surveillance systems, conducts outbreak investigations, and implements disease control programs around the world. However, CDC cannot perform these functions effectively without reliance on assistance from an international network of public health professionals and officials. The CDC established the Field Epidemiology Training Programs (FETP) in applied epidemiology and public health for health professionals located in different countries around the world. With advice and assistance of the CDC, the FETPs provide a continuous supply of in-country experts in disease prevention and control. Sponsorship of these programs has afforded CDC an opportunity to assist in strengthening the international public health network while concurrently protecting the health of the U.S. population by limiting the hazard of imported disease.

Objectives :

The purpose of this project is to develop and pilot test an evaluation plan for the FETP. The evaluation plan will include definitions, criteria, and instruments to assess (1) the quality of the training being provided by the FETPs; (2) the appropriateness of CDC's methods for recruiting FETP countries; (3) the extent to which FETPs can be sustained following withdrawal of CDC's on-site consultants; (4) and the extent to which FETPs constitute an international epidemiologic network.

Methodology:

An early step in designing an evaluation is producing an effective working model of the program that illustrates how the FETP is supposed to operate, who is supposed to participate, what they are supposed to do, and with what result. Valuable information will come from reviewing documents and interviewing CDC staff and host country staff who helped conceptualize and implement the programs in their countries. Evaluation questions will be developed based on the working model of the program. They will then be pilot tested in two FETP sites. The pilot test will be a full implementation of the evaluation protocol, including all data collection and data management procedures and all instruments.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC95E-105 200-93-0626 1%-Task Order	Fishbein Daniel B. (404)639-2228	8/14/95 11/1/96	Battelle EPO $143,088.00	Evaluation of the Field Epidemiology Training Program (FETP)

Findings : The project will produce an evaluation plan rather than a completed evaluation. The evaluation plan will generate a body of information that CDC can use to understand the overall functioning and concept of the FETP.

Recommendations : The evaluation protocol will enable CDC to assess the ability of FETPs to respond to changing needs of their ministries of health, their countries, and the international community. FETPs must be successful not only in terms of a public health model that was established in the late 1950s at CDC, but also in terms of the international public health priorities of the 1990s. With 17 FETP sites around the world, CDC is well positioned to become a key international player not only in infectious outbreak control, but in the many other emerging global health issues.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC95E-107 200-93-0626 1%-Task Order	Johnson Wilma G. (404)639-3453	9/10/95 6/30/96	Battelle OD/OPPE $100,000.00	Assessment of Programmatic Impact of 1 Percent Evaluation Studies, 1990-1995

Abstract:

The one-percent evaluation program, created as a legislative "set-aside" for evaluation, is administered at CDC by the Office of Program Planning and Evaluation (OPPE). The overall purpose of these funds is to produce usable information on the effectiveness of federal health programs and to identify ways in which to improve their effectiveness. Approximately $2 million annually is expended by this program at CDC. Each year, programs throughout CDC submit studies for funding consideration. Using a competitive process, 8-10 studies are selected for funding annually. Between 1990 and 1994, 40 studies have been selected for funding. (Selection of FY 1995 evaluation studies has not occurred.) Despite the size and fiscal import of this program, no efforts have been made to assess its impact. The purpose of this study, therefore, is to provide a systematic evaluation of the programmatic impact of one-percent evaluation studies carried out by CDC during the period of 1990 - 1995.

Problem : The one-percent evaluation program, created as a legislative "set-aside" for evaluation, is administered at CDC by the Office of Program Planning and Evaluation (OPPE). The overall purpose of these funds is to produce usable information on the effectiveness of federal health programs and to identify ways in which to improve their effectiveness. Approximately $2 million annually is expended by this program at CDC. Yet despite the size and fiscal import of this program, no efforts have been made to assess its impact. Although CIO Directors are queried about how study recommendations will be addressed, a clear description of how program evaluations impact policy and programmatic function, direction, and consequences is unknown.

Objectives : The purpose of this study is to provide a systematic evaluation of the programmatic impact of one-percent evaluation studies carried out by CDC during the period of 1990 to 1995.

Methodology: This task includes a number of activities: (1) document review of evaluation final reports, project files, and the OPPE Evaluation Database from evaluations administered by the Office of Program Planning and Evaluation and completed or under way during the years 1990 to 1995, including both one-percent and program funded evaluations; (2) abstraction and categorization of the studies selected for review; (3) a mail survey of CDC technical monitors; (4) follow-up in-person and/or telephone interviews with CDC technical monitors; and (5) two advisory panel meetings, one with CDC technical monitors and a second with CDC and other PHS evaluation experts. Brief summaries of each evaluation study selected for review are being compiled for dissemination in a "Directory" of CDC Evaluations Administered by OPPE from 1990-1995. Recommendations from each final report have been individually entered and categorized in a Paradox database and will be analyzed along with information gathered from technical monitors as to their utilization of study findings and implementation of study recommendations.

Findings : The study is currently under way and findings are pending.

Recommendations : The study is currently under way and recommendations are pending.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CDC95E-108 200-93-0697 1%-Task Order	Wetterhall Scott F. (404)639-0080	9/30/95 12/31/95	RTI EPO $102,484.00	Atlanta Empowerment Zone

Abstract:

Several CDC CIO's (NCEH, NIP, and PHPPO) the Rollins School of Public Health and the Morehouse College of Medicine are collaborating to provide technical assistance to local public and community organizations in developing four projects to improve the health and quality of life in the Atlanta Empowerment Zone. The three public health intervention projects are: 1) Healthy homes project (NCEH-the Rollins School of Public Health); 2) Childhood Immunization (NIP); 3) Atlanta Empowerment Zone/Fulton County assessment project (NCCDPHP, PHPPO). An evaluation of the health interventions conducted by CDC and its partners will be critical in monitoring project activity implementation, measuring the impact on health and quality of life, and developing a body of knowledge that can be applied to other communities.

The purpose of this study is to assist EPO in assessing current surveillance capacity, and subsequently to conduct the program evaluation and to provide necessary data management and analytic support. Specifically, the contractor will evaluate work done by the Fulton County data aggregation project, and will evaluate the implementation of the NCEH/Rollins School of Public Health Asthma Intervention Project.

Problem : Several CDC CIOs, The Rollins School of Public Health and the Morehouse College of Medicine are collaborating to provide technical assistance to local public and community organizations in developing three projects to improve the health and quality of life in the Atlanta Empowerment Zone. The four public health intervention projects are: (1) healthy homes project (NCEH - the Rollins School of Public Health); (2) childhood immunization project (NIP); and (3) Atlanta Empowerment Zone/Fulton County assessment project (PHPPO).

Objectives : The purpose of this task is to develop a plan to evaluate the implementation of two of these interventions and to measure their outcomes for health and quality of life.

Methodology: The contractor will work with EPO to develop the plan for evaluation of two Atlanta Empowerment Zone health initiatives, including the aggregation of data available from existing sources and supplementary data required for the evaluation. Developing the design requires detailed intervention models and the process and outcome measures for the interventions, assessing data availability, developing measures and plans for acquiring existing data and collecting additional data required, and analysis and reporting plans. A variety of methods will be used to accomplish this including interviews with knowledgeable CDC and public health personnel; analysis and review of existing reports, other documentary sources, data bases and other data sources; focus groups and interviews to assess data adequacy, gaps and needs; and evaluation and surveillance system design and planning

Findings : Study currently under way

Recommendations : Study currently under way.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CEHIC90-100 200-88-0641 Program-Funded	Waxweiler Richard (770)488-4031	5/10/90 5/30/91	Macro NCIPC $680,253.00	Evaluating National Policy for Injury Prevention and Control for the 1990s

Abstract:

The contractor carried out the following tasks as part of this project: (1) served as a central collection point to receive and process data for an inventory of injury-related activities of selected Federal agencies; (2) participated in forming and staffing meetings of six Policy Assessment Groups; (3) assisted in the commissioning and editing of six state-of-the-art scientific papers to be prepared by national authorities; (4) integrated recommendations from the policy assessment groups and the injury program inventory for discussion at the 3rd National Injury Control Conference; (5) assisted the conference planning committee in conducting the 3rd National Injury Control Conference; (6) redrafted the national injury agenda, based on input from the conference and written comments from selected national organizations.

Problem : Rapid developments in the area of injury prevention and control have made it advisable to redraft the national injury agenda since the publication of Injury in America.

Objectives : To gather and produce information on various injury control issues and use that information as a basis for redrafting the national injury agenda.

Methodology: To achieve the task objective the contractor carried out the following activities: (1) served as a central collection point to receive and process data for an inventory of injury-related activities of selected Federal agencies; (2) participated in forming and staffing meetings of six Policy Assessment Groups; (3) assisted in the commissioning and editing of six state-of-the-art scientific papers to be prepared by national authorities; (4) integrated recommendations from the policy assessment groups and the injury program inventory for discussion at the 3rd National Injury Control Conference; (5) assisted the conference planning committee in conducting the 3rd National Injury Control Conference; (6) redrafted the national injury agenda, based on input from the conference and written comments from selected national organizations.

Findings : Six state-of-the-art scientific papers were prepared on the following topics: (1) prevention of violence and injuries due to violence, (2) home and leisure injury prevention, (3) acute care, (4) trauma care, (5) occupational injury prevention, and (6) motor vehicle injury prevention.

Recommendations : Hundreds of important recommendations were later condensed and prioritized into 22 recommendations that comprised the National Plan for Injury Control. Each of the six scientific papers commissioned and edited as part of this task contained recommendations specific to the given injury issue dealt with. The papers and discussions at the 3rd National Injury Control Conference contributed input to the drafting of the national injury control agenda for the 1990s.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CHPDP90-106 200-88-0643 Program-Funded	Green Yvonne (770)488-5200	9/20/90 5/20/92	RTI NCCDPHP $67,563.00	Evaluation of HIV/AIDS and Related STD Training

Abstract:

During the fiscal years from 1988 to 1992, the Centers for Disease Control (CDC) joined with the Office of Population Affairs (OPA) to fund the provision of training on the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS), as well as related training on sexually transmitted diseases (STDs) for family planning clinics (FPCs). The training was conducted by Title X Family Planning Regional Training Centers (RTCs). The contractor conducted an implementation analysis of the training delive ry and assessed each RTC's knowledge about the impact of training on service delivery of the FPCs. A variety of recommendations are addressed.

Problem :

During FY88 through FY92, the Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control (CDC) supported the Office of Population Affairs (OPA) through a Memorandum of Agreement to conduct training on the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS), as well as related training on sexually transmitted diseases (STD), for family planning clinics (FPCs). The purpose of the training was to enhance the ability of FPC staff to deliver HIV- and STD-related services to their clients because of the increasing prevalence of HIV infection among women of childbearing age

Objectives :

The project had three overall goals. The first was to conduct an implementation analysis of the HIV/AIDS and related STD training delivered to FPCs by RTCs. The implementation analysis focused on issues regarding preparation, delivery, and evaluation of training by RTCs. The second goal was to reveal the RTCs' knowledge of or information about the impact of training on service delivery at FPCs. The final goal was to determine whether additional program evaluation information was needed.

Methodology:

To describe the implementation and knowledge about the impact of training provided by RTCs during FY88 through FY92 three activities were conducted. First, a discussion guideline was developed to direct conversations with staff at RTCs. Second, telephone discussions were conducted with staff at all 10 RTCs to describe the preparation, delivery, and assessment strategies they used in delivering training courses. Third, four RTCs were visited to gather supplemental information about training delivery and impact.

Findings :

All RTCs delivered basic AIDS education during the first year of training and later branched out into implementation priorities, such as counseling skills, risk reduction/assessment, and integrating HIV services into FPCs. RTCs hesitate to offer Training of Trainers programs because they are too costly to administer but have developed successful strategies to identify instructor candidates. All curricula are customed-designed for each training course and audience by combining materials from various sources, including the CDC Trainer's Guide to HIV-Related Training for Family Planning Staff. RTCs conduct annual needs assessments to determine training needs and routinely measure trainee post-training reactions, often including 3- to 6-month follow-up. Training has been shown to impact on both knowledge and staff morale. Training delivery problems include lack of travel funds and time off and reluctance of state agencies to collaborate with RTCs. Problems in employing knowledge gained include lack of time and money to perform new services, uneasiness discussing sexual matters, supervisors resistant to change, difficulty applying knowledge in new situations, and political considerations.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CHPDP90-106 200-88-0643 Program-Funded	Green Yvonne (770)488-5200	9/20/90 5/20/92	RTI NCCDPHP $67,563.00	Evaluation of HIV/AIDS and Related STD Training

Recommendations : The RTCs should offer training on ways to integrate HIV/AIDS/STD services within the family planning program. RTCs can benefit from more latitude in delivering programs related to sexuality issues. The CDC needs to sponsor annual national meetings with the RTCs as a way of information sharing and networking. The CDC should allocate additional funds for travel reimbursement and should lead a prospective evaluation of the impact of HIV/AIDS and related STD training on FPCs service delivery and client behaviors.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CICP94-115 200-93-0696 Program-Funded	Short Lynn (770)488-4410	9/30/94 5/31/96	Macro NCIPC $280,315.00	Evaluation of the WomanKind: Support Systems for Battered Women Project in Minnesota

Abstract: *The purpose of this project is to evaluate the effectiveness of a selected program for health care providers and battered women's advocates in increasing their knowledge, attitudes, motivations, and skills, and the ability of this program to successfully diagnose, manage, refer, and otherwise assist female victims of intimate partner violence. The curriculum and other training materials will be evaluated; the training process and related issues, as well as the effects of the program on identified patients will also be assessed.*

Problem : The Division of Violence Prevention, the National Center for Injury Prevention and Contorl (NCIPC) has been charged with working towards a policy goal increasing the ability of health care providers to identify and attend to the needs of female victims of family and intimate violence (women 12+ years of age). To this end, there is a need to identify effective programs that can be disseminated through regional or other broad-based training centers, or recommended to constituents seeking model programs in the field.

Objectives : The primary purpose of this task is to evaluate the effectiveness of a selected program for health care providers and battered women's advocates in increasing their knowledge, attitudes, motivations, and skills, and the ability of this program to successfully diagnose, manage, refer, and otherwise assist female victims of intimate partner violence as well as the success of such a program in assisting identified battered women, and in achieving desired public health policy effects and the overall policy objective of NCIPC. The proposed evaluation will (1) evaluate the curriculum and other training materials for their potential to be effective in other relevant training programs; (2) evaluate the training process including use of the materials, facilitators' characteristics, and other related issues; (3) evaluate the effects of the program on medical care providers to identify and appropriately treat female victims of intimate partner violence; and (4) determine outcomes for victims in terms of appropriate referral.

Methodology: This evaluation includes assessments for staff advocates, volunteer advocates, health care providers, and clients. The initial trainings as well as the ongoing program are being evaluated for each of these groups where relevant. Materials for the different components are being evaluated for their utility in achieving stated objectives and for future use in new settings. The influence of advocates on health care providers and the influence of all providers on battered women are being assessed. Finally, the program at the three hospitals will be compared with similar hospitals where WomanKind is not in place.

Findings : This study is currently under way and results are yet to be analyzed.

Recommendations : This study is currently under way and recommendations are yet to be developed.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CICP94-116 200-93-0696 Program-Funded	Short Lynn (770)488-4410	9/30/94 1/8/96	Macro NCIPC $230,950.00	Evaluation of the Domestic Violence Prevention Module at the UCLA Medical School

Abstract:

The primary purpose of this project was to evaluate the effectiveness of a selected training program for medical students in increasing the knowledge, attitudes and motivations, skills, and the ability of this program to successfully diagnose, manage, and refer female victims of intimate partner violence. Specifically, the curriculum and training materials, training process, and effect of UCLA's medical school program, "Doctoring", will be evaluated.

Problem :

Each year, the prevalence of all types of violence in our society continues to climb, surpassing already unacceptable rates. For millions of women, this escalation of violence strikes not only close to home, but literally within their homes. Perhaps the most striking fact about cases of domestic violence against women is that, at some point in time, almost all of the women victims seek medical attention for the injuries they have received; whether at a hospital Emergency Department, a local public health clinic, or in the offices of their private physicians. As an early and perhaps sole contact with battered women, physicians and other hospital staff have a unique opportunity to assist women in addressing the violence that surrounds them at home.

The Domestic Violence Module is used to teach second-year medical students at the University of California at Los Angeles School of Medicine to accurately and sensitively diagnose and manage the cases of women who have been victims of domestic violence. To help fulfill its mission to increase health care providers' abilities to identify and attend to the needs of female victims of family violence, the National Center for Injury Prevention and Control's (NCIPC) Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC) sought to apply the rigorous evaluation missing in other domestic violence prevention training programs to the program being offered by UCLA to its second-year medical students.

Objectives :

The threefold purpose of this study was to evaluate (1) the instructional theory and deisgn of the module, including its proposed goals, content, and training materials and the training provided to faculty tutors to prepare them to facilitate the module; (2) the training process and implementation of the module including the use of materials, tutors' characteristics, perceived benefit to the students and faculty, and other related issues; and (3) the extent to which use of the module and other training materials were efficacious in modifying students' knowledge, attitudes, and abilities needed to successfully diagnose, manage, and refer victims of intimate partner violence.

Methodology:

The study design consisted of three sequential phases: (1) a curriculum review, (2) a process evaluation of the implementation, and (3) an outcome evaluation. The core questions that the curriculum review of the study was designed to answer are: (a) Is the module based on sound instructional theory and design? (b) If implemented as designed, could the module be expected to achieve its objective? The core questions that the process evaluation of the study was designed to answer are: (a) Is the module delivered as intended? (b) What is the perceived utility and benefit of the module to the students and faculty? (c) Did the module meet the students' perceived needs? The core questions that the outcome evaluation was designed to answer are: (a) Did the module make a difference in students' knowledge, attitudes, and abilities? (b) Are there outcome differences between students receiving training with this curriculum and students not receiving training for treating victims of domestic violence?

Curriculum Review. This phase of the evaluation required the perspective and expertise of recognized experts in three disciplinary areas--curriculum development, medical education, and

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domestic violence. A survey instrument containing a series of both closed- and open-ended questions was used to assess the reviewers' perceptions and suggestions regarding a number of curriculum issues. Responses to the closed-ended questions on the survey were given on an anchored five- or six-point Likert scale To allow reviewers to comment or make suggestions regarding the survey topics, open-ended questions related to each topic were included in the Curriculum Review Survey as well as the closed-ended questions.

Process Evaluation. Specifically, this phase of the study sought to assess the views and actions of the students and faculty tutors through self-report measures and review of videotapes of the small group sessions. Faculty and students were asked to complete survey instruments at the end of the Week 1 and Week 3 sessions. A five-point Likert scale was used for the tutor and student survey instruments. Open-ended questions were also included in the surveys to allow respondents to comment or make suggestions on various issues of concern or interest. In addition to collecting data through tutor and student surveys, videotapes were made of 12 of the 18 groups during their Week 1 and Week 3 small group meetings to further study issues of curriculum implementation and group functioning.

Outcome Evaluation. A questionnaire assessed students' knowledge, attitudes, beliefs, and behaviors (KABB) concerning domestic violence, and demographic information on each student The questionnaire contained 10 scales that addressed domestic violence issues relevant to the course's objectives. Vignettes, based on actual patient cases encountered by UCLA medical staff, provided students with the presenting case information--including vital statistics and chief complaints--as well as previous patient medical charts. This questionnaire was administered to second-year medical students at UCLA one month prior to the beginning of the Domestic Violence Module and one month following its completion. It was administered at the same time intervals to second-year students at the University of California at Irvine (UCI) Medical School who received no formal training in domestic violence. In an effort to more accurately assess students' behavioral and interpersonal skills with victims of domestic violence as well as their ability to accurately diagnose such cases, students were randomly selected from both UCLA and UCI to interview a standardized patient following the administration of the follow-up instrument. The standardized patient interviews were conducted only at follow-up at both schools; thus, the design of this evaluation component was a follow-up only comparison.

Findings : The experts who reviewed the UCLA Domestic Violence Module spoke positively about the curriculum, praising its problem-based, multi-method approach. Improvements were suggested in three areas: more time was needed for practice and feedback, the potential for inconsistency across classes needed to be addressed, and training sessions for tutors required strengthening. Regarding implementation of the training, standardized patient interviews were felt to be the highlight of the module for both students and tutors. Tutors experienced difficulty integrating the various aspects of the module, and a number of group process issues arose (e.g., tutor domination, poor coordination between tutors) that ought to have been addressed early in the training. Regarding the outcome of the training, an interesting picture emerged of second-year medical students' attitudes and beliefs concerning domestic violence. Students clearly felt domestic violence was a legitimate concern for physicians, yet (at baseline) displayed low self-efficacy for identifying victims of abuse.

Recommendations : Recommendations to facilitate replication of the training module in other settings included: (1) create an index of table that matches objectives with the activities in the module intended to achieve it; (2) build in a segment on the selection and screening of tutors and provide information on monitoring and evaluating tutors; (3) provide clear instructions with all

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CICP94-116 200-93-0696 Program-Funded	Short Lynn (770)488-4410	9/30/94 1/8/96	Macro NCIPC $230,950.00	Evaluation of the Domestic Violence Prevention Module at the UCLA Medical School

materials indicating who should receive them and when they should be distributed; (4) provide the script used by standardized patients to assist schools that do not use the technique; (5) provide tutors with background material on problem-based learning, small group dynamics, and on domestic violence itself; (6) provide students with background information on patient interviewing techniques; and (7) provide guidance for adapting materials for particular sites (e.g., how to develop the list of resources students are referred to for independent study) and offer options for schools that cannot see themselves utilizing the entire module.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CPS90-102 200-88-0641 Program-Funded	Wiley Sarah (404)639-4026	6/11/90 4/30/91	Macro NCHSTP $160,867.00	Training in HIV Risk Reduction for Hemophilia Providers

Abstract:

Hemophilia care is provided through well-organized, federally funded, comprehensive centers - the hemophilia treatment centers (HTCs). Oversight to the coordination of HIV risk reduction services within the hemophilia community is provided by a national leadership group composed of representatives from the Maternal and Child Health Bureau (MCHB), CDC, and the National Hemophilia Foundation (NHF). In recognition of the need for continuing professional education and support for the expanded roles of the HTC providers, the hemophilia national leadership group initiated this project to assess training resources and priorities in HIV risk reduction and provide recommendations to ensure that provider training needs are met in a systematic and ongoing way. CDC coordinated this project and provided support for the study. A multidisciplinary group of experts representing the hemophilia provider community was convened to guide assessment and the recommendations.

Problem :

Since the introduction of HIV infection through contaminated blood products, hemophilia care providers have been increasingly involved in delivering HIV risk reduction and counseling services. Estimates of the prevalence of HIV infection in the hemophilia community range as high as 70 percent for persons with hemophilia and 20 percent for spouses and sexual partners. With safety of blood products no longer a concern in terms of HIV infection, HIV prevention services now emphasize stopping the spread of the infection to sexual partners and offspring of persons with hemophilia through modification of sexual behavior and reproductive choices. This expanded focus has increased the patient load that comprehensive hemophilia treatment centers (HTCs) are accustomed to handling and has broadened the role of providers into new and unfamiliar areas.

In recognition of the need for continuing professional education and support for the expanded roles of the HTC providers, the hemophilia national leadership group (composed of representatives from the Maternal and Child Health Bureau, CDC, and the National Hemophilia Foundation) initiated this project to assess training resources and priorities in HIV risk reduction and to frame recommendations for ensuring that provider training needs are met in a systematic and ongoing way. CDC coordinated and provided support for the study.

Objectives :

The major project objectives were to describe competencies needed to deliver HIV risk reduction educational counseling, to assess training needs and priorities, and to identify and assess existing training resources and models.

Methodology:

Model curricula and guidelines for health professional education in HIV risk reduction from within and outside the hemophilia community were identified and reviewed to describe competencies needed to deliver HIV risk reduction educational counseling. These provided the basis for a draft framework of competencies needed to deliver HIV risk reduction and educational counseling. In addition, a variety of needs assessment activities conducted in recent years by national hemophilia leadership organizations were reviewed and synthesized to assess training needs and priorities. The trends and issues identified through review of existing studies were used to help define areas of competence needed to provide HIV-related services and to help design a needs assessment questionnaire. An inventory was conducted of training activities by a variety of organizations at the national level to identify available training resources and begin assessing their applicability to hemophilia provider needs. In addition, an expert panel was used to guide project activities and assess the relevance and utility of the information gathered from the different sources.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CPS90-102 200-88-0641 Program-Funded	Wiley Sarah (404)639-4026	6/11/90 4/30/91	Macro NCHSTP $160,867.00	Training in HIV Risk Reduction for Hemophilia Providers

Findings : At present, training needs of hemophilia providers are inconsistently and sporadically met. The assessment of existing training resources, data collected from individual providers, and reports of regional coordinators have revealed several issues that should be addressed to assure that providers have access to acceptable training opportunities. (1) Professional training resources are not evenly distributed throughout the nation. (2) Training opportunities are not available in all areas of competence required to provide HIV risk reduction in the hemophilia community. (3) The training needs of the multidisciplinary HTC provider community are varied and complex. (4) Although there are many potential sources of training, their content, approach, quality, and availability vary widely, and the degree to which they are applicable to HTC provider needs is still largely unknown. (5) Training needs vary regionally and by discipline, yet the total number of providers is small, rendering delivery of training by a single national source expensive and difficult to justify.

Recommendations : A number of recommendations emerged from the findings. Designate a national training coordination center with appropriate funding and staff, and a national expert panel representing all elements of the hemophilia community to provide regular input to the national training coordinating center. Assign training coordination responsibilities to specific individuals at regional and center levels, and provide financial and technical support for training activities at these levels. Conduct annual needs assessments using a core survey instrument developed nationally and administered regionally. Identify areas of competency for HIV risk reduction as provider responsibilities evolve. Develop annual training plans at national, regional, and treatment center levels. Identify training resources. Training inquiries should be responded to on an ongoing basis through existing clearinghouse activities. The quality and relevance of available training resources should be assessed both formally and informally. Disseminate descriptive information on available training on a routine and timely basis. Based on available resources, provide funding for the adaptation or development of advanced training offerings in the three high-priority areas -- adolescent issues, counseling for behavior change, and sexuality and intimacy -- for delivery in conjunction with national and regional meetings. Assure that training developed or delivered with national support meets national training guidelines. Support the designation of one or more "Centers for Excellence" within the treatment center network to develop and provide training for entry-level staff as well as ongoing training opportunities. Establish a training fund and mechanism for supporting regional and individual center training activities. Create or make use of an existing newsletter or other communication vehicle to assure that all providers receive regular announcements of training activities, opportunities, and resources culled from national and regional sources. Conduct meetings and maintain communication with regional coordinators on a regular basis to keep them aware of progress, seek their input, and provide an opportunity for networking and information sharing. National hemophilia conferences that incorporate training as part of the agenda, such as those sponsored by NHF and MCHB, should obtain input from the national training program to ensure consistency and coordination. National hemophilia conference agendas should provide an opportunity to convene treatment center providers, regional coordinators, and national staff to report on training activities developed through national funding and widely circulate them for use at regional and local levels. Prepare an overall plan for system evaluation. Over the long term, seek opportunities for developing a systematic mechanism for providing recognition or credentialing for professional competence. In the short term, consider providing certificates or other forms of recognition for those who successfully participate in training offerings developed with national support and consistent with national training guidelines.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CPS90-107 200-88-0642 Program-Funded	Conlon Richard (404)639-8296	9/26/90 9/30/91	Battelle NCHSTP $163,165.00	Evaluation of STD Clinic Flow and Utilization

Abstract:

This study sought to study overburdening among STD clinics in metropolitan areas with high STD morbidity. The study assessed the impact of challenges to STD service delive ry that developed in the late 1980s and early 1990s including increasing incidence rates for STDs, addition of HIV services, retrenchment of funding and more elaborate patient testing. These factors led to an inability in many clinics to see all clients who present for STD testing and/or treatment on a given day. The study sought to examine the effectiveness of STD clinics in providing service to those who seek care in the clinic, while clarifying the factors that lead to overburdening.

Problem :

STD clinics in metropolitan areas with high STD morbidity faced major challenges to STD service delivery that developed in the late 1980s and early 1990s. These included increasing incidence rates for STDs, addition of HIV services, retrenchment of funding, and more elaborate patient testing and led to "overburdening" or an inability in many clinics to see all clients who present for STD testing and/or treatment on a given day. In such situations, the client may continue to spread disease until treatment does occur, creating a serious public health threat.

Objectives :

This study sought to examine the effectiveness of STD clinic service delivery, while clarifying the factors that lead to overburdening. In particular, the study sought to (1) examine the effectiveness of STD clinics in providing services to those who seek care in the clinic, (2) estimate the effectiveness of STD clinics in preventing the spread of STDs by encouraging at-risk persons to seek care promptly, and (3) clarify factors that have an impact on overburdening of STD clinics, including characteristics of the clinics, clinic providers and staff, and the types of patients seen.

Methodology:

After obtaining OMB clearance, a rigorous two-step site selection process was undertaken. First 30 STD clinics in urban settings with high STD morbidity according to CY 199 l primary and secondary syphilis case rates were selected. From these, seven sites were chosen through a telephone survey in which clinics were ranked according to level of overburdening. The four clinics with the highest index of overburdening and three with the lowest index of overburdening were chosen for field study. (Note: high index = low overburdening and vice versa.)

The protocol for this study included the design of several types of data collection forms: a telephone survey, an observation form for site visits, a patient tracking form to determine the amount of time patients spend in each of the study clinics, a tracking form to determine average numbers of patients seen in the two weeks subsequent to the field visit, and interview forms for patients, applicants, and staff. A data retrieval form attempted to capture information concerning each study clinic's budget and average experience over the past five years with regard to number of clinic patients tested for syphilis, gonorrhea, chlamydia, and HIV.

Findings :

The situation changed significantly during the lengthy time required for the OMB clearance process, such that a nationwide decrease in syphilis morbidity occurred during the period between the pilot study and the field study. The clinic with the largest 199 l - 1992 funding increase showed the least overburdening, both according to measures and when visited. Only two clinics did not allow RNs to examine patients, and these were the two most clearly overburdened clinics in the study. Interviews with patients showed that those seen at the walk-in clinics originally rated as being highly overburdened were less likely to wish to return to the clinic than those seen at either appointment clinics or at clinics in the non-overburdened category. Few clear relationships were found among the factors originally thought to affect

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CPS90-107 200-88-0642 Program-Funded	Conlon Richard (404)639-8296	9/26/90 9/30/91	Battelle NCHSTP $163,165.00	Evaluation of STD Clinic Flow and Utilization

overburdening (degree of morbidity in the area, resources available, number of procedures performed by clinicians, and accessibility of clinic services). One exception is evidence that increased levels of staffing have decreased overburdening.

Recommendations : Clinic hours should be extended; for example, evening hours should be encouraged, making sure that these are used for patients who cannot be seen during the day, rather than as a time for "catching up." Use of satellite clinics should be increased; i.e., they should be placed in high-morbidity locations and sufficiently staffed. Office systems should be computerized. The importance of the front desk and reception areas in establishing a positive experience for the patient should be recognized, and staff development should be provided in these positions. Adequate in-service instruction should also be provided for clinical and program staff. Use of mid-level clinical providers (such as nurse-examiners) should be maximized. Closer rapport should be developed between clinical and program staff, with mechanisms for this provided at the leadership level. Site-based monitoring and evaluation capabilities should be developed. Further analysis of existing data should be undertaken; for example, (1) clinic attendance and morbidity trends in areas where clinics have switched to an appointment system, (2) the optimal level of integration of STD and HIV services, and (3) the relative treatment of male and female clients regarding the proportion of turn-aways in each group and the relative amount of time spent with each group as an indicator of the quality of care received.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
CPS91-108 200-88-064 1 Program-Funded	Chen Robert (404)639-8256	4/19/91 12/9/91	Macro NIP $53,000.00	Rapid Assessment of Effect of Policies and Recommendations on Influenza Vaccination (Vaccine-Guillain Barre)

Abstract: *This study explored issues related to influenza vaccination and Guillain-Barre Syndrome (GBS) in a random sample of persons 18 to 64 years old. It examined the prevalence of selected indications for influenza vaccination as promulgated by the Adviso ry Committee on Immunization Practices (ACIP) among survey respondents who received influenza vaccination. Results of the survey and modification in training and public education are outlined for future immunization practices.*

Problem : In December 1990, two cases of Guillain Barre Syndrome (GBS) within six weeks of influenza vaccination were reported in a Colorado Health Maintenance Organization (HMO). Following these reports, active surveillance for GBS cases following influenza vaccination was undertaken to determine if there was an association between GBS and influenza vaccination. A potential association was detected for those aged 18 through 64, but the association could not be confirmed without accurate estimates of influenza vaccine coverage in the 18 through 64 age group.

Objectives : In May 1991, the contractor was commissioned by the Division of Immunization, National Center for Prevention Services (NCPS), Centers for Disease Control (CDC), to further explore issues related to influenza vaccination. The key work included a random survey of persons 18- to 64-years-old in the active surveillance sites to better estimate vaccine coverage. In addition, the survey was used to examine the prevalence of selected indications for influenza vaccination as promulgated by the Advisory Committee on Immunization Practices (ACIP) among survey respondents who received influenza vaccination, and to determine whether a change in policy direction or education and training regarding who should receive influenza vaccination was warranted based on the survey results.

Methodology: A 44-item survey was administered by telephone to 2,500 respondents in the active surveillance sites. These included random samples from the states of Louisiana, Washington, and Colorado, and groups of counties in ten states that had participated in a special Medicare influenza vaccination demonstration project. In addition, two California HMOs supplied random samples of their membership. The survey examined whether the respondents received an influenza vaccination; where, when, and why they received one; and whether the respondent had one or more ACIP indications for influenza vaccination. The survey was administered in July and August 199 1.

Findings : The results of the survey indicated that (1) approximately 11 percent of the respondents had received an influenza vaccination, (2) respondents with an underlying condition were significantly more likely to have received an influenza vaccination; (3) respondents with other ACIP indications, especially exposure to persons at high risk of complications from influenza, were not more likely to have received an influenza vaccination; and (4) only about one-half of the respondents who obtained an influenza vaccination belonged to one of the principal ACIP target groups for influenza vaccinations.

Recommendations : Public education should encourage those who fall into an ACIP principal target group to receive influenza vaccination and to receive it early in the season. Of the ACIP target groups, additional public education needs to be done to encourage vaccination of those who are exposed to persons at high risk of complications from influenza in order to protect these high-risk persons against influenza transmission by those who live with, work with, or care for them.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
EPO95-109 200-93-0626 Program-Funded	Pappaioanou Marguerite (404)639-2231	4/14/95 6/30/96	Battelle EPO $61,000.00	Evaluation of the Data for Decision Making (DDM) in Bolivia

Abstract:

The purpose of this project is to provide a final evaluation of the DDM/Bolivia project. This evaluation will assess the project's overall impact on decision making in the Bolivian health sector, as well as attitudes of participants, decision makers and donors towards the use of data in the decision making process. The purpose of this final evaluation of the DDM/Bolivia project is: a) to document the process and outcomes of DDM/Bolivia for use by and CDC/Atlanta and USAID in other countries including domestic CDC programs; and b) to provide information to the Bolivian Ministry of Health, USAID/La Paz and the Community and Child Health Project for use in future projects including Phase II of DDM/Bolivia.

Problem :

Data for Decision Making (DDM) is a five-year project funded in 1992 by the U.S. Agency for International Development (USAID) and implemented by CDC along with a consortium made up of the Harvard University School of Public Health, the Research Triangle Institute, and Intercultural Communications, Inc. Several countries are implementing DDM programs. The DDM strategy is to improve the use of public health data by enhancing the technical skills of public health practitioners and by sensitizing policy makers at all levels of government to the advantages of data-driven decisions. This is accomplished by providing integrated training in epidemiology, management, and communications. Intensive seminars are complemented by in-service applications of skills to problems identified by participants implementing applications between training sessions. The DDM in Bolivia typifies the DDM model of integrated training in epidemiology, management, and communications on which CDC would like to base future DDM projects.

Objectives :

This study was a final evaluation of the DDM project that was delivered in Bolivia from 1992 to 1994 by CDC. The evaluation served to (1) document the process of program implementation in Bolivia, (2) describe the outcomes of the program in terms of improved use of data for public health decision making, and (3) compile data CDC can use to design or modify other implementations of DDM that are now operating or that may be initiated in the future in Bolivia and elsewhere.

Methodology:

Interviews were conducted in Spanish by two two-person teams made up of the contractor director and three physicians with specializations in preventive medicine and international health. The teams held open-ended interviews with nine DDM participants or Bolivian health officers who participated in DDM Phase 1, nine non-participants who are public health officials with jobs similar to those who participate in DDM, three officials in the Ministry of Health, three representatives from "donor organizations," and two groups of health workers based in local health centers. Interview data were translated into English and typed into text files. A series of codes was developed to operationalize the elements of the DDM program and the evaluation questions. Interview data were coded and analyzed qualitatively with the help of a text analysis software. Quantitative indicators (percent and number) where avoided because there was little to be gained given the small number of interviewees.

Findings :

Overall, Bolivian participants were very pleased with their DDM experience, especially with their enhanced ability to complete computer analyses of existing data. Implementation was logistically smooth. The major implementation problem was that DDM tried to deliver too much material in too little time. Also, the unsystematic selection of participants resulted in a mixture of preparations and backgrounds that was a problem for those preparing and

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
EPO95-109 200-93-0626 Program-Funded	Pappaioanou Marguerite (404)639-2231	4/14/95 6/30/96	Battelle EPO $61,000.00	Evaluation of the Data for Decision Making (DDM) in Bolivia

delivering course material.

The evidence across all of our interviews in Bolivia shows that computerization in the Bolivian health sector is well under way and that Epi-Info is becoming a standard for analysis of epidemiologic data, but DDM participants often could not obtain sufficient access to computers between workshops to get the practice needed to become adept at Epi-Info. Many Bolivian health officials expressed the importance of moving away from politically based decisions to more rational, data-driven ones, and several important and interesting projects were implemented as a result of DDM that probably would not have been done in this data-driven fashion without the program. There was little evidence that DDM/Bolivia has built a structure for moving data from the epidemiologists who collected them to the public health planners in SNS who can use the data to set public health priorities and budget allocations. The impact of the management component of DDM/Bolivia is obscured by the changing Bolivian political structure and cannot be fairly evaluated at this time. The most important factors governing the impact of DDM at the present time are decentralization and the uncertainty that people have about public health jobs while the precise steps toward implementation of the Law of Popular Participation are developed.

Recommendations : To improve DDM implementation, CDC should (1) require that DDM implementors in host countries develop clear criteria for including participants in the course; (2) package DDM materials so that self-study is an option; (3) base DDM on state-of-the-art technologies for training and communication; (4) work with in-country implementors of DDM to tailor a proactive procedure for supervising projects and helping participants through problem areas; (5) consider building DDM in such a way that all participants are provided with laptop computers. To strengthen DDM impact, CDC should (1) articulate the benefits of DDM to planners and should seek participation of public health planners early in the DDM process; (2) build on existing public health practices as much as possible by reviewing existing surveillance and health data as part of preparation for implementing DDM; (3) build explicit procedures for handling political change into the DDM process; (4) reinforce the importance of dissemination of information by encouraging development of DDM Alumni Associations in host countries. Finally, CDC can improve sustainability by putting a more explicit statement of the training mission into DDM materials. CDC should not overlook the implications of this project for building public health infrastructure in the United States. As CDC goes on to standardize and package DDM for use in other countries, they should also consider a program that can be used in the United States by state and local health officials facing new challenges in our own era of decentralization.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
HIV91-117 200-88-0641 Program-Funded	Thompson Imani (404)639-8317	9/26/91 11/30/92	Macro NCHSTP $128,000.00	Assessment of Guidelines for HIV Counseling & Testing

Abstract:

A number of developments in the early 1990s fueled an interest in examining the appropriateness of generic counseling and testing guidelines for women and adolescents. The purpose of this study was to assist CDC in assessing the adequacy of HIV counseling and testing guidelines for women and adolescents. Previous examinations of counseling and testing have focused primarily on the process of counseling. As HIV counseling standards evolve, this study provided an opportunity to examine how issues relating to women and adolescents are incorporated into these evolving standards.

To accomplish these study objectives, it was necessary to examine a number of factors that may affect the adequacy of the guidelines. These factors include not only the HIV testing process and the content of counseling sessions, but other determinants of whether or not individuals seek and have access to counseling and testing services. Topics such as outreach, information sources, setting confidentiality, and the comprehensiveness and continuity of services were addressed.

Problem :

In 1990, the Public Health Service sponsored the National Conference on Women and HIV Infection. Following the conference, recommendations on further research were developed by community health care providers, advocates, and women with HIV infection. One of the recommendations was a call for more research regarding the quality of HIV counseling and testing for women of diverse cultural backgrounds. The CDC Advisory Committee on the Prevention of HIV Infection also recommended that "CDC should develop specific guidelines on counseling, testing, referral, and partner notification for youth, including those in high-risk situations."

Objectives :

The purpose of this study was to assist CDC in assessing the adequacy of HIV counseling and testing guidelines for women and adolescents. Previous examinations of counseling and testing have focused primarily on the process of counseling. As HIV counseling standards evolve, this study provided an opportunity to examine how issues relating to women and adolescents are incorporated into these evolving standards.

Methodology:

A combination of qualitative research techniques was used to accomplish the study objectives. These included a literature review, site visits to organizations providing HIV prevention services to women and adolescents or involved from a policy or advocacy perspective, and five focus groups of at-risk women and adolescents at risk for HIV.

Findings :

Because this study was designed to be exploratory and not evaluative, it resulted in the identification of key issues relevant to the counseling needs of women and adolescents separately, and identified overlapping issues. These findings reflect the views of individual counselors, administrators, outreach workers, and focus group participants in several cities. While their insights were often similar and reinforced each other, the study was not designed to yield generalizable information that applies to all programs. There was no intent to compare program practice and implementation at the sites visited to CDC programmatic requirements.

Each client comes to the HIV counseling and testing process as an individual with unique risk behaviors, risk-reduction skills, and counseling needs. An understanding of the unique

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
HIV91-117 200-88-0641 Program-Funded	Thompson Imani (404)639-8317	9/26/91 11/30/92	Macro NCHSTP $128,000.00	Assessment of Guidelines for HIV Counseling & Testing

circumstances of the client (women and adolescents) behaviors, race/ethnicity, culture, knowledge, and social and economic status is required. For example, women are often in situations where they must negotiate safe sex or other risk-reduction behaviors from an unequal power position, whereas adolescents typically feel "I am alone." Using innovative outreach strategies, emphasizing a message of hope, offering specific skill-building regarding risk-reduction techniques; encouraging realistic, incremental steps towards risk-reduction; enhancing self-esteem; providing repeated opportunities for risk reduction messages and counseling sessions were all suggested for both women and adolescents, but speak to the needs of many different types of clients.

Recommendations : HIV prevention messages and services must acknowledge the realities of women's lives, their roles in their families, their relative power in relationships and competing priorities in their lives. The risk assessment procedures and forms may not fully capture the ways that women can be exposed to HIV and need to be expanded. A message of hope is crucial to the decision both to be tested and to return for results, since many women associate an HIV-positive diagnosis with an immediate onset of illness and death. Outreach for women should target familiar, unthreatening settings, such as their homes, beauty salons, family planning clinics, and community health centers.

Adolescents, on the other hand, respond best to an adolescent environment. Therefore, youth-serving agencies should add counseling and testing to their programs since services customized for women and children or for adult males accentuate the adolescent's fear that "I am alone." Risk reduction messages and behavior change strategies should address: HIV/AIDS in the overall context of sexuality; the underlying issues of self-esteem and lack of hope in the future rather than specific risk-reduction practices; and the practices and mores of the support system and community in which the youth is embedded.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
HIV95-110 200-93-0696 Program-Funded	Robinson Carol (404)639-0968	8/4/95 7/28/96	Macro NCHSTP $219,968.00	Fiscal and Programmatic Impact of Community Planning

Abstract:

This policy assessment study will broadly evaluate the policy impact of HIV prevention community planning on grantees' HIV prevention programs as demonstrated by budgetary and operational indicators. This is an issue of national importance, as the HIV prevention community planning process affects over $200 million dollars in HIV prevention funds across the country.

The focus of the project is to develop and test key management and operational indicators and a protocol for their use. The project areas implementing community planning will be substantially involved in carrying out the evaluation; therefore this national assessment will have a very decentralized approach. The contractor is being asked to assist the Government in the conception and preparation of materials to carry out this decentralized evaluation. In addition to developing and testing the indicators, this includes drafting a data collection protocol, and plan for the analysis and interpretation of the data, for use by the project areas in conjunction with CDC and relevant (national) partners and stakeholders.

Problem :

HIV Prevention Community Planning, implemented in January 1994, represented a major policy change in CDC funding policy. Prior to that time, the 65 state, territorial, and local health department grantees of prevention funds under Program Announcement 300 were required to spend the majority of their cooperative agreement funds on counseling and testing services. HIV Prevention Community Planning describes a process which requires that grantees set their own HIV prevention priorities locally through a participatory, evidence-based, planning process that emphasizes input from the affected communities and relevant technical experts (e.g., behavioral scientists and epidemiologists).

Objectives :

The purpose of this study is the assessment and monitoring of management and operational factors indicative of the implementation of the plan. The focus of the project is to develop and test key management and operational indicators and a protocol for their use.

The evaluation methodology is a self-assessment or monitoring system, employing a standard set of indicators, to assist the project areas in organizing information related to the implementation of their comprehensive plan. The methodology being developed is a tool for project areas to use to provide feedback to the community planning process regarding the management and programmatic impacts of their efforts in order to answer the question "How is community planning confirming, enhancing, and changing HIV prevention programs?"

Methodology:

The project areas implementing comminity planning will be substantially involved in carrying out the evaluation; therefore this national assessment will have a very decentralized approach. The impacts, and therefore the data collection, reaches beyond the health department and into the community.

The contractor will assist program staff in the conception and preparation of materials to carry out this decentralized evaluation. In addition to developing and testing the indicators, this will include drafting a data collection protocol and a plan for the analysis and interpretation of the data for use by the project areas in conjunction with CDC and relevant (national) partners and stakeholders.

Findings :

Study is currently under way.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
HIV95-110 200-93-0696 Program-Funded	Robinson Carol (404)639-0968	8/4/95 7/28/96	Macro NCHSTP $219,968.00	Fiscal and Programmatic Impact of Community Planning

Recommendations : Study is currently under way

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
IMM93E-108 200-93-0626 Program-Funded	Baughman Andrew (404)639-8198	12/20/93 11/30/95	Battelle NIP $199,938.00	Georgia State Assessments of Immunization Coverage: Impact of Management and Clinic Immunization Practices

Abstract:

This study evaluated the factors of the Georgia State Immunization Audits that have impacted on immunization coverage levels among children 21 to 23 months of age from 1987 to 1993. The purpose of this study was to assess management and organization factors associated with immunization coverage levels and to make recommendations regarding the implementation of similar programs in other immunization projects in the United States and its territories. The study administered surveys to Health District and Public Health Clinic Immunization staff utilizing self-administered standardized questionnaires.

Problem :

To address low immunization coverage levels among school-aged children, the Centers for Disease Control and Prevention has begun the comprehensive Child Immunization Initiative (CII). This initiative calls for an intensified strategy to achieve a 90 percent coverage level and has identified five major areas for action and research: service delivery, assessment, information and education, operational research, and surveillance. This research will focus on the identification of potential barriers to immunization and the development of interventions for their removal.

Several studies have identified various factors that interfere with the successful completion of the primary immunization series. However, much remains to be learned about both barriers to vaccination and potential interventions. Importantly, both the overall and relative contribution of each barrier to under-immunization needs to be quantified or ranked.

Objectives :

The purpose of this study was to evaluate how Georgia State Immunization Audits have affected immunization coverage levels in the preschool population and to determine medical and management policies and practices that influence immunization rates.

Specifically, to identify various aspects of immunization clinic practices and organizational/managerial processes that are associated with changes in immunization coverage levels, controlling for social, demographic and economic characteristics of the clinic population.

Methodology:

This study focused on the percent of children who were up-to-date in terms of immunizations by two years of age (in terms of having completed four Diphteria-Tetanus-Pertussis vaccinations, three oral polio vaccinations, and one Measles-Mumps-Rubella vaccination). Data on immunization rates were supplemented with a survey of district health directors, immunization coordinators and program managers, and a survey of the lead nurse or immunization coordinator in a census of all 227 immunization clinics in the state of Georgia. The self-administered mail surveys attained a 100 percent response rate. Logistic regression using a correction for overdispersion was used to determine variables that were significantly related to the immunization coverage level. A separate model was fit for each of the following five groups: (1) clinic population characteristics, (2) motivation and knowledge of audits, (3) clinic policies and procedures, (4) resources, and (5) management. A final logistic regression model to integrate the results of the models within the five categories was developed.

Findings :

Sustained and comprehensive efforts to improve immunization rates can make a difference. Between 1987 and 1993, coverage rates in Georgia immunization clinics clearly improved, with the median immunization rate increasing from 31 to 90 percent -- a net gain of 59 percentage points. Immunization staff were convinced of the value of audits in improving coverage rates, and analysis found that participation in audits was associated with higher

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
IMM93E-108 200-93-0626 Program-Funded	Baughman Andrew (404)639-8198	12/20/93 11/30/95	Battelle NIP $199,938.00	Georgia State Assessments of Immunization Coverage: Impact of Management and Clinic Immunization Practices

immunization rates. Analyses found a relationship between immunization rates and such indicators of accessibility as hours of service, waiting times, and use of fixed fees. Informed vaccine administration practices -- such as following only true contraindications, delegating decisions to administer a vaccination to nursing staff, and consistently screening children to reduce missed opportunities -- are associated with higher immunization rates, as was early outreach and aggressive reminder and recall. Close coordination with WIC and other programs is also associated with higher immunization rates; for example, clinics where the WIC program gave immunizations or issued restricted vouchers had higher immunization rates. Also associated with higher immunization rates are staff participation, management leadership, and adequate clinic resources (such as adequate staffing, adequate physical space, and accessible location).

Recommendations : Efforts to improve immunization rates should be comprehensive in scope and continuous in application. A system of periodic clinic audits of immunization rates should be implemented, and the results from those audits should be furnished to clinic providers and managers. Ready access to clinics through such means as convenient hours, reasonable waiting times, and reduced financial barriers should be assured. Clinics should employ early outreach and aggressive reminder and recall procedures. Accurate information about contraindications and minimization of missed opportunities for immunizations should be promoted. Adequate staff and financial resources to support immunization efforts should be provided. The role that WIC and other programs can play in improving immunization rates should be recognized and supported. Clinic and district managers should employ management practices that provide clear priorities about the importance of immunization and foster staff participation in decisions about improving immunization rates. Finally, findings in this study indicate that further research needs to be devoted to the role of computerization in improving immunization rates and therefore, this type of study should be replicated in a prospective manner, possibly in other settings.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
IMM94E-109 200-93-0626 Program-Funded	Rosenthal Jorge (404)639-8218	5/26/94 1/31/96	Battelle NIP $180,696.00	National Survey of the Immunization-Related Knowledge and Practices (KAPS) of Primary Care Physicians in Private Practice

Abstract:

The purpose of this project is to develop and administer a survey that will evaluate the level of knowledge about immunization programs and policies among primary healthcare providers in private practice throughout the U.S. It will also seek to determine the extent to which their attitudes and practices have been affected by the programs and policies of the National Immunization Program, CDC, and other U.S. Public Health Service programs and policies. Analyses of the results of this project will be used to develop interventions aimed at motivating and stimulating private vaccination providers to raise vaccination coverage levels among their pediatric patients.

Problem :

To address low immunization coverage levels among school-aged children, the Centers for Disease Control and Prevention (CDC) have begun the comprehensive Childhood Immunization Initiative (CII). This initiative calls for an intensified strategy to achieve a 90 percent coverage level and has identified five major areas for action and research: service delivery, assessment, information and education, operational research, and surveillance.

As the initiative has progressed, a growing awareness of the importance of the role of primary health care providers in the private sector in reaching the nation's immunization goals has been realized. Little is known, however, about the level of knowledge among private providers regarding national immunization efforts and how this knowledge (or lack thereof) has affected private providers' attitudes and practices in providing immunization services.

Objectives :

The primary objective of this survey is to evaluate the level of knowledge about immunization programs and policies among primary health care providers in private practice throughout the U.S. and the extent to which their attitudes and practices have been affected by the programs and policies of CDC's National Immunization Program (NIP) and other U.S. Public Health Service programs and policies. A secondary objective is to determine the effectiveness of the Vaccines for Children (VFC) program.

Methodology:

The universe for this study consisted of physicians (MDs) and osteopathic physicians (DOs) in the United States who were in private practice in pediatrics or in family or general practice and whose practice administered immunizations to preschool children. The sampling frame consisted of private (pediatric or family/general) practice physicians listed in a masterfile maintained by the American Medical Association (AMA). The sampling design used four strata: (1) MDs in family or general practice (FG/GPs), (2) MDs in pediatrics, (3) DOs in family or general practice, and (4) DOs in pediatric medicine. The survey was fielded in two separate waves between January 25 and June 5, 1995.

Analyses to investigate VFC participation and effectiveness have been completed. We assessed the effectiveness of reimbursement through the VFC program by modeling, using logistic regression, the probability that a physician refers pediatric patients to the health department or public clinics for immunization, given their participation status and other covariates.

The determination of physician characteristics and practices that significantly affect participation of a physician in the VFC program was also of interest. We fit a logistic regression model to identify significant factors that influence the probability of participation (versus non-participation) in the VFC program.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
IMM94E-109 200-93-0626 Program-Funded	Rosenthal Jorge (404)639-8218	5/26/94 1/31/96	Battelle NIP $180,696.00	National Survey of the Immunization-Related Knowledge and Practices (KAPS) of Primary Care Physicians in Private Practice

The methodology for identifying domains of knowledge, attitudes, and practices on the basis of the survey data has been developed. Models in which the response is a measure of immunization coverage in a practice can be used for this evaluation. Each question in the survey has been classified into one of four groups: (1) physician knowledge, (2) attitudes and opinions of the physician, (3) practices, and (4) physician characteristics. Four multivariate models could be developed using the SAS Genmod procedure, with the explanatory variables coming from a different question group for each model. After investigating the relationships within each question group, an overall multivariate model could then be developed. As with the multivariate models for each question group, the overall model would investigate the dependence of the (physician-reported) immunization coverage level on potential barriers.

Findings : The study is currently under way and results are pending. Preliminary analysis has revealed that participation in the VFC program does reduce the likelihood that a physician refers children to the public health clinic for immunization.

Recommendations : If the Childhood Immunization Initiative is to succeed, efforts in both the public and private health care sectors must be stimulated and coordinated. To adequately perform its role in coordinating and stimulating these efforts, the National Immunization Program must have a thorough understanding of the level of knowledge, attitudes, and practices among private sector providers regarding past and current national immunization policies and the likelihood of support for and compliance with current and future efforts. The results of this study will be used to develop interventions aimed at motivating and stimulating private vaccination providers to raise vaccination coverage levels among their pediatric patients.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
IMM94E-110 200-93-0696 Program-Funded	Chen Robert (404)639-8256	4/20/94 3/15/95	Macro NIP $119,859.00	Rapid Assessment of Influenza Vaccination in the United States

Abstract:

The purpose of this project is to determine the coverage of the 1992-93 and 1993-94 influenza vaccine in sites where CDC plans to conduct active surveillance for Guillain Barre Syndrome (GBS). This determination should permit CDC to (1) assess whether receipt of influenza vaccine in these years was associated with an increased risk of GBS; (2) determine whether a change in recommendations for influenza vaccination is warranted; and (3) provide insight into usage patterns of influenza vaccination.

Problem :

Vaccination represents the most important preventive measure available against influenza, a major cause of morbidity and mortality, especially in the elderly and persons with underlying health problems. In December 1990, two cases of Guillain-Barre Syndrome (GBS) within 6 weeks of influenza vaccination were reported in a Colorado Health Maintenance Organization (HMO). In response to these reports, active surveillance for GBS cases after influenza vaccination was undertaken to determine if there was an association between GBS and influenza vaccination.

Objectives :

In June 1994, the contractor was commissioned by the National Immunization Program (NIP), Centers for Disease Control and Prevention (CDC), to explore further issues related to influenza vaccination coverage. The objectives of this project were to conduct a nationally based random survey of persons 18 years and older to determine influenza coverage for the 1993-1994 flu season. In addition, a separate state study was conducted to provide NIP with additional responses where the program was planning to explore additional sources of data. Finally, this project was also designed to examine the prevalence of selected ACIP indications for influenza vaccinations among survey respondents and to examine the relationship between having an indication and getting vaccinated.

Methodology:

A 49-item survey was administered by telephone nationally to a random sample of 3,750 adults. In addition to the national random sample, data were collected from an additional 2,000 adults in California, Florida, Illinois, Massachusetts, Maryland, New Jersey, North Carolina, and Pennsylvania. These states were chosen because NIP believed they would be able to acquire hospital discharge tapes. The survey examined whether the respondents had one or more ACIP indications for influenza vcaccinations. To assess the accuracy of the respondents' self reports, a follow-up validation study was also carried out with those who provided the influenza vaccine to the respondents.

Findings :

Nationally, approximately 26 percent of the respondents had received an influenza vaccination during the 1993-1994 flu season. When controlled for age, 19.1 percent of the 18- to 64-year olds, and 64 percent of those aged 65 and older received the influenza vaccine. Respondents with an underlying ACIP-specified health condition were significantly more likely to have received an influenza vaccination. 26.9 percent of individuals 18 to 64 years of age, who had at least one of the following conditions were vaccinated: heart, respiratory, circulatory, or immunosuppression. Similarly, 69.4 percent of those aged 65 and older were vaccinated if they had one of the aforementioned conditions. Nationally, 89.6 percent of respondents correctly recalled their vaccination status within the same flu season.

Recommendations :

Public education should encourage persons who fall into an ACIP principal target group not only to receive influenza vaccinations, but to receive the vaccination early in the season. Public education should also be directed to those individuals between 18 and 64 years of age.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
IMM94E-110 200-93-0696 Program-Funded	Chen Robert (404)639-8256	4/20/94 3/15/95	Macro NIP $119,859.00	Rapid Assessment of Influenza Vaccination in the United States

Of the ACIP target groups, additional public education needs to be done to encourage vaccination of individuals who are exposed to persons at high risk of complications from influenza in order to protect those high-risk persons against influenza transmission by the individuals who live with, work with, or care for them.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
IMM95-107 200-93-0626 Program-Funded	Hodgson Wes (404)639-8222	2/10/95 10/15/95	Battelle NIP $375,000.00	Planning for Evaluation of Data Collection Strategies for the Vaccines for Children (VFC) Program

Abstract:

The purpose of this project was to plan and conduct a pilot test to determine the best of several possible data collection methods for use in the vaccine accountability aspect of the Vaccines for Children (VFC) program. Each method was tested to determine its practicality and usefulness for establishing baseline vaccine usage data. Examples of vaccine accountability options included at least two provider-level approaches: (1) obtaining individual child data on a continuous basis using vaccine replacement data; and (2) benchmarking -- collecting data for one month for every dose and projecting this to the year. Results from the pilot project will be used as a guide to develop the minimal data collection method for use in vaccine accountability by State Immunization Projects.

Problem :

This report explores the issue of accountability in the Vaccines for Children (VFC) program and assesses proposed systems to assure accountability with respect to the eligibility of children who receive VFC vaccines. An effective accountability system will need to satisfy two distinctly different conditions. It must be both useful for accountability and practical for use in clinical settings.

Objectives :

The purpose of this study was to provide information that can assist in developing an appropriate accountability system for the VFC program that is both rigorous and practical for use in clinical settings. As part of this study, data collection procedures for proposed systems were tested to determine their practicality and usefulness for collecting vaccine usage data. The study also provided information about the acceptability of any accountability system to health care providers, since a system that is perceived as overly burdensome could discourage participation in the VFC program.

Methodology:

The two-pronged strategy employed by this study to aid in the development of an appropriate accountability system for the VFC program includes the assessment of both provider- and state-level accountability approaches. The study looked at two possible vaccine accountability options at the provider level: vaccine replacement and benchmarking. The study tested vaccine replacement and benchmarking for implementation at the provider level. Activities employed included (1) conducting focus groups, (2) pilot testing vaccine replacement and benchmarking procedures, and (3) validating piloted data collection procedures.

Findings :

Although physicians are highly committed to immunization and feel that the VFC program helps meet an important need, some disenrollment of physicians is to be expected with the implementation of any provider-level accountability system. The greater the perceived administrative costs, the less likely physicians will be to participate in the program. An ongoing accountability system is preferred to a benchmarking system, but only if it can replace other recordkeeping. Accountability systems should be flexible and streamlined to avoid unnecessary or duplicative reporting requirements; information about the program should be clearly communicated to providers. Computerized data sources--allowing, for example, the monitoring of computerized data on the congruence between doses ordered and doses administered--promise a long-range solution to provider-level accountability, and state-level data sources can be used to provide VFC accountability in universal purchase states. Many providers strongly supported the establishment of vaccine registries.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
IMM95-107 200-93-0626 Program-Funded	Hodgson Wes (404)639-8222	2/10/95 10/15/95	Battelle NIP $375,000.00	Planning for Evaluation of Data Collection Strategies for the Vaccines for Children (VFC) Program

Recommendations : Study authors recommended implementation of an ongoing accounting system rather than a benchmarking approach. It was strongly advised that VFC accountability efforts be implemented flexibly and in combination with other reporting requirements, and that efforts ultimately be linked to development of state vaccine registries. A minimum dataset should be agreed upon, and any new procedures should be phased in gradually. Procedures should be communicated clearly to physicians, with training and technical assistance available when needed. In universal purchase states, provider-level accountability is not recommended, but aggregate-level data may be used (where it can be corroborated) to ensure proper funding apportionment to VFC and non-VFC vaccines.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
IMM95-109 200-93-0626 Program-Funded	Rosenthal Jorge 639-8218	4/14/95 10/31/96	Battelle NIP $144,253.00	Immunization KAPs of Primary Care Providers in the U.S.

Abstract:

The purpose of this project is to revise and administer a survey (originally administered in FY 1994) that will evaluate the level of knowledge about immunization programs and policies among primary health care providers in private practice throughout the U.S. The survey will also seek to determine the extent to which provider attitudes and practices have been affected by the programs and policies of the National Immunization Program, CDC, and other U.S. Public Health Service programs and policies. Analyses of the results of this project will be used to develop interventions aimed at motivating and stimulating private vaccination providers to raise vaccination coverage levels among their pediatric patients.

Problem :

NIP wishes to determine barriers to immunization. A public health priority is to achieve a 90 percent immunization coverage among preschool-aged children. This target coverage refers to prevention of diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, and Hemophilus influenza type B. To convey the magnitude of this objective, consider that the current estimate for this coverage is in the range of 60 to 70 percent.

More specifically, NIP needs to learn about immunization knowledge and practices among private health care providers in private practice and the extent to which their attitudes and practices have been affected by the programs and policies of the National Immunization Program, (NIP), Centers for Disease Control and Prevention (CDC), and other U.S. Public Health Service programs and policies.

Objectives :

The primary objective is to determine whether the promulgation and dissemination of immunization policies have affected immunization practices of primary health care providers in private practice. A secondary objective is to provide data to conduct comparisons with a baseline survey conducted in two waves between January 25 and June 5, 1995. These comparisons will assess the effects that NIP/CDC policies have had on immunization practices and attitudes. The 1996 questionnaire will assess the effectiveness of the Vaccines for Children program.

Methodology:

The contractor will mail self-administered questionnaires, with eligibility screening. Questionnaires will be mailed to 1,750 private health care providers. Provider names were obtained with a stratified random sampling plan. Medical specialties define the strata. The sample size allocation into the strata is approximately proportional to the size of the strata in the population of physicians in private practice who administer pediatric immunizations. The medical specialties for the stratification are as follows: (1) 1,409 medical doctors in family general practice; (2) 405 pediatricians; and (3) 186 osteopathic family and general practitioners.

The contractor obtained the names of the health care providers from a national database purchased from Pronto Pharma-Scripts, Medical Marketing Group, Inc. Preliminary analyses may be conducted on the basis of descriptive statistics to characterize the main features of the population. Crude odds ratios will be used to examine the association between pairs of variables.

Further analyses of these survey data can be conducted following the strategy the contractor proposed for IMM94E-109. The strategy classifies the questions of the instrument into one of the four domains of interest: (1) knowledge, (2) attitudes and opinions of the physician, (3) practices, and (4) physician characteristics. Within each of these domains, one may then build models where the response is a measure of the immunization coverage level and the covariates are questions in the domain. With the results from the models for each of the domains, one can

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
IMM95-109 200-93-0626 Program-Funded	Rosenthal Jorge 639-8218	4/14/95 10/31/96	Battelle NIP $144,253.00	Immunization KAPs of Primary Care Providers in the U.S.

attempt to develop an overall multivariate model to understand the dependence of the physician-reported immunization coverage level on potential barriers.

Findings : The findings of this survey will be used to develop and adjust policies to promote immunization of preschool-aged children among private health care providers.

Recommendations : Results of this task will be used to develop policies and interventions to increase immunization coverage among pediatric patients of health care providers in private practice. In addition, results of this project will inform about the effect of new NIP/CDC programs and policies on knowledge, attitudes, and coverage levels as well as about the likely effect of future programs and policies.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
NCIPC95-111 200-93-0696 Program-Funded	Short Lynn M. (770)488-4410	8/4/95 3/28/96	Macro NCIPC $200,000.00	Early Warning Signs-Intimate Violence Prevention

Abstract:

The primary purposes of this study include: (1) identifying early warning signs for physical violence perpetrated by an intimate partner, (2) identifying strategies women use to remove themselves from the violence, either by stopping it or leaving, (3) identifying individual risk or protective factors which affect escalation or cessation of violence in abusive relationships, (4) examining the differences in behavioral risk and protective factors for African-American and Caucasian women, (5) identifying factors that influence women's ability to identify early warning signs or carry out the protective strategies described above, and (6) exploring whether certain desistance strategies used by women are inevitably successful or whether they are effective only with certain types of batterers.

Problem : Domestic violence has a long history as a misunderstood, stereotyped, and unexamined problem in our society. Once considered a "private matter" unworthy of intervention, domestic violence is slowly being recognized as both a serious and a preventable problem. Within the past decade, research on domestic violence has revealed more specific nuances of domestic violence, including different rates and levels of escalation within relationships, effects of witnessing or experiencing violence as a child, and the role of social networks. A more recent line of inquiry has examined protective factors that women employ to stabilize relationships either by reducing and eliminating violence or by leaving the relationship.

Objectives : The purposes of this study are to identify early warning signs for physical violence perpetrated by an intimate partner, identify strategies women use to remove themselves from the violence, identify individual risk or protective factors that affect escalation or cessation of violence in abusive relationships, examine the differences in behavioral risk and protective factors for African-American and Caucasian women, identify factors that influence women's ability to identify early warning signs, and explore whether certain desistance strategies used by women are inevitably successful.

Methodology: This study will ask women who are currently in the action or maintenance stage of behavior change (according to Prochaska and DiClemente's Stages of Change Theory of Behavior Change) to reflect on their experiences during the earlier stages (i.e., precontemplation, contemplation, and preparation). In an attempt to obtain representative information, several focus groups (24 total; 12 African-American and 12 Caucasian) in different regions across the nation will be held that will explore these issues in depth.

Findings : Study currently under way.

Recommendations : Study currently under way

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
NCIPC95-113 200-93-0697 Program-Funded	Potter Lloyd (770)488-1557	9/30/95 7/30/97	RTI NCIPC $127,552.00	Assessment of Violence Technical Assistance (TA) to Health Departments

Abstract:

The mission of the Division of Violence Prevention of the National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control and Prevention (CDC) includes providing technical assistance to all state and local health departments interested in developing and evaluating violence prevention programs.

The purpose of this assessment is to identify the needs of state and local health departments for violence prevention technical assistance relative to that which the Division has been providing. The information obtained from this assessment will be used to improve the Division's ability to provide effective technical assistance by tailoring our efforts to stated needs.

Problem : The mission of the Division of Violence Prevention of the National Center for Injury Prevention and Control (NCIPC) at the Centers for Disease Control and Prevention (CDC) includes providing technical assistance to all state and local health departments interested in developing and evaluating violence prevention programs. To date, however, CDC has provided technical assistance primarily in response to requests from some health departments and sites with CDC-funded projects in violence prevention. As a result of the ad hoc nature of the technical assistance thus far, CDC has not used its full array of technical expertise. Furthermore, CDC has not systematically assessed the needs of state and local health departments for technical assistance in violence prevention.

Objectives : The purposes of this study are to help CDC improve its technical assistance in violence prevention by tailoring its efforts to the needs of state and local health departments. The contractor proposes to design and test a needs assessment with the following objectives: (1) determine what state and local health departments are currently doing in violence prevention; (2) learn what these health departments wish to do in violence prevention that currently falls beyond their resources or technical expertise; (3) identify the specific technical assistance these health departments have already received from CDC; (4) determine what specific technical assistance services state and local health departments wish to receive from CDC to further their goals in violence prevention and learn how they place their various needs in order of priority; and (5) recommend to CDC how to modify and use the needs assessment developed under this task for future assessments.

Methodology: An advisory group will be identified and a meeting will be arranged that will provide expert advice on the contents of the questionnaire and survey procedures. A draft questionnaire will be developed, refined, pilot tested, and collected by trained data collection personnel.

Findings : Study currently under way

Recommendations : Study currently under way.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
NCPS94-114 *200-93-0626* Program-Funded	Dixon Janelle (404)639-8276	9/23/94 7/15/96	Battelle NCHSTP $239,138.00	An Assessment of STD Prevention Program Responses to the Early Syphilis Epidemic in the Southern United States

Abstract:

The purpose of this project is to assist the Division of Sexually Transmitted Diseases and HIV Prevention in identifying innovative, comprehensive, culturally specific prevention strategies of several southern states. Disease prevention and control activities were reviewed in four states, with a comparison of activities in urban and rural settings. The project focused on prevention planning, programmatic responses, interorganizational collaboration, and local barriers to access and utilization of treatment services.

Problem :

CDC has supported state-based syphilis prevention programs by providing grant awards and personnel resources to State and local health departments for more than 30 years. CDC's support has aimed to bolster clinic-based case detection, treatment, partner notification, and other prevention activities. In several southern states, however, high syphilis morbidity rates persist despite these measures.

Objectives :

This project is designed to investigate past and current responses of the public and private health sectors, and of communities themselves, to the epidemic of early syphilis in the southern states since the late 1980s. The project focuses on people perceived to be at highest risk for syphilis infection, the extent to which public health activities target such a category or group, and to what effect.

Methodology:

Extensive ethnographic interviewing was conducted in four settings, each involving an urban metropolitan area and a rural counterpart:

Hinds (metropolitan Jackson) and Humphreys Counties, Mississippi.
Montgomery and Lowndes Counties, Alabama.
Shelby (metropolitan Memphis) County, Tennessee, and Tunica County, Mississippi
Richland (metropolitan Columbia) and Orangeburg Counties, South Carolina.

Individual case studies were developed for each of these four settings, as well as a comparative analysis of community and institutional factors that form the context in which disease prevention and control measures must be undertaken.

Findings :

Community-oriented, culturally specific strategies for syphilis prevention, treatment, and control incorporate: (1) proximate measures that provide information and referral, screening, contact, tracing, and treatment services directly to infected persons, and surveillance systems to monitor the performance of disease control efforts; (2) intermediate measures that provide primary health care, health education, risk reduction, and prevention services; and (3) ultimate measures that address the root causes of community underdevelopment undermining health promotion at every turn. In the metropolitan areas, and to a lesser extent in the rural areas examined, institutions are in place that potentially could be mobilized to reach those thought to be at greatest risk, at least to undertake proximate and intermediate measures. However, barriers to syphilis prevention and control are found in local norms about public discourse on sexuality and sexual health, local problem-solving priorities, barriers to access and utilization, the adequacy of public health staff recruitment and training, and community organizing and coalition building.

Recommendations :

The study is currently underway, with recommendations being developed concerning: (1) the day-to-day operations of the Disease Intervention Specialist staff; (2) opportunities for

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NCPS94-114 200-93-0626 Program-Funded	Dixon Janelle (404)639-8276	9/23/94 7/15/96	Battelle NCHSTP $239,138.00	An Assessment of STD Prevention Program Responses to the Early Syphilis Epidemic in the Southern United States

collaboration between STD clinic operations and primary care functions of the public health care delivery sector; (3) training for public health nursing staff; (4) collaboration with other institutions whose constituencies include those at greatest risk for infection; and (5) community involvement in prioritization of health care program needs and plans.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
NIP95-112 200-93-0696 Program-Funded	Averhoff Francisco (404)639-8215	9/12/95 4/11/96	Macro NIP $34,910.00	Consent for Adolescent Immunizations

Abstract:

In 1995, the Advisory Committee on Immunization Practices (ACIP) recommended an immunization visit for all adolescents age 11 to 12 years to assess vaccination status and deliver all indicated vaccines including hepatitis B, measles, mumps and rubella, tetanus and diphtheria toxoids, and varicella. Multiple settings have been proposed as potential sites for delivery of these services including schools, youth detention centers, and "teen clinics". As adolescent vaccination expands, particularly hepatitis B vaccination, issues related to need for parental consent for receipt of indicated vaccines become increasingly important. Characterizing state regulations and practices is important to facilitate development of strategies to enhance vaccine delivery. There currently is no summary of existing state laws and regulations available to CDC. Therefore, the purpose of this project is to obtain (1) a summary of existing published information related to adolescent consent for immunizations and health services and (2) a summary of current state policies (laws and/or regulations) pertaining to the need for parental consent for adolescents age 10 through 18 years to receive immunizations or other medical services.

Problem :

In 1995, the Advisory Committee on Immunization Practices (ACIP) recommended implementation of an adolescent preventive health care visit between 11 and 12 years of age. Those implementing this recommendation will face many challenges. One of these challenges is the financial accessibility of services. Adolescent fears and lack of information about the availability and accessibility of services may also impact success. An additional challenge is the shortage of providers trained in adolescent medicine, who feel comfortable in addressing the special health needs of adolescents. One of the most significant challenges, however, is the need for providers to obtain parental consent prior to delivering any health service to an adolescent. This need for third-party consent produces a logistical difficulty since parents are not always physically present to provide consent. This is particularly the case with older adolescents, who can more easily manage their own primary care visits, and in school-based programs.

Objectives :

The key purposes of this study were to develop a basic understanding of the principles of informed consent, document state regulations regarding informed consent and exemptions for adolescent health services, clarify how consent issues for adolescent immunization services are applied in practice, and assess the viability of implementing the ACIP recommendations.

Methodology:

Several qualitative research techniques were used to accomplish the study objectives. These included a review of relevant literature, a review of state immunization regulations and exemptions pertaining to parental consent, and telephone interviews with state immunization coordinators to identify the application of parental consent laws for immunization and discuss the ACIP's recommendations.

Findings :

This study confirmed the legal position of all states that minors must have parental consent for most health care procedures (although the definition of "minor" varies). While some states offer exemptions for specific health services, no states directly include immunizations among these. Only five states do not require parental consent. Thus, the standing presumption is that parental consent is necessary for all adolescent immunizations. In addition, a vast majority of states rely on a conservative approach to consent, requiring it for each immunization shot delivered. This practice exists in the absence of any specific regulatory requirement.

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NIP95-112 200-93-0696 Program-Funded	Averhoff Francisco (404)639-8215	9/12/95 4/11/96	Macro NIP $34,910.00	Consent for Adolescent Immunizations

Recommendations : The findings of this study have significant implications for the design of any adolescent immunization program. First, given the normative standard of parental consent for most adolescent health services, effective strategies for securing such consent are essential for a successful immunization initiative. In addition, the ability to seek parental consent only once for hepatitis B immunization would greatly facilitate an adolescent's completion of the full three-shot series. Even if the single-consent approach were adopted, there would still be a need to educate parents about the importance of hepatitis B vaccination for their children. Even though minors are not typically allowed to self-consent for immunization services, there is value in educating them about the benefit of receiving the recommended immunizations. Finally, there is value in assuring formal inclusion of hepatitis B in the standard childhood immunization schedule required by law. Such a strategy works within the existing norm that has helped raise childhood vaccination rates to high levels and avoids concerns about sensitive or stigmatizing implications associated with hepatitis B.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
OD95-106 200-93-0697 Program-Funded	Johnson Wilma G. (404) 639-3453	5/4/95 12/31/96	RTI OD/OPPE $150,000.00	Implementing the Government Performance and Results Act (GPRA) at CDC

Abstract:

The purpose of this project is to: (1) assist the Office of Program Planning and Evaluation (OPPE) in coordinating the expansion of the Strategic Thinking Document into a Strategic Plan consistent with GPRA requirements; (2) assist OPPE in implementing four to five pilot studies related to GPRA; (3) facilitate group processes related to pilot study activities; (4) set up meetings and conduct general project management activities related to pilot studies; (5) assist OPPE staff and pertinent pilot study participants in developing, testing, and implementing program performance indicators; and (6) provide CDC with a final report describing the pilot project process followed, and a recommended full implementation process.

Problem : The Government Performance and Results Act (GPRA) was passed by Congress in 1993 to establish strategic planning and performance measurement as expected elements in the operation of every agency in the Federal Government. Although many federal agencies have developed various indicators to monitor their performance and improve accountability, few have tied performance measures to strategic plans of budgets, as GPRA will soon require.

Objectives : This task has three primary purposes: (1) to assist CDC/OPPE in coordinating the expansion of the Strategic Thinking Document into a Strategic Plan consistent with GPRA requirements; (2) to assist OPPE in launching several pilot programs within CDC to develop, implement, and test performance measurement systems; and (3) to assess the experience of the pilot programs and based on lessons learned, recommend a process for CDC-wide implementation of GPRA.

Methodology: (1) Develop and agree upon a strategic framework; (2) select performance measures, or indicators, and targets; (3) identify data collection, analysis, and reporting methods and collect baseline data; (4) develop an information system and assign responsibilities for its management; (5) put the system in place and evaluate it by identifying key criteria for measuring how well the system meets CDC needs and by building in check points to determine whether those criteria are being met.

Findings : This study is currently underway, study findings are not yet available.

Recommendations : This study is currently underway, study recommendations are not yet available.

Project Id Contract Number Contract Type	CDC Tech Mon Telephone Nbr.	Start Date End Date	Contracting Firm Funding Source Amount	Title
PHPPO94-116 200-93-0696 Program-Funded	Adcock David (404)639-1992	9/30/94 3/15/96	Macro PHPPO $124,895.00	The Effect of Mandated Managed Care for Medicaid Populations on the Practice of Public Health

Abstract:

The focus of this project is to delineate and evaluate critical issues surrounding the requirements imposed by state Medicaid agencies who have mandated that eligible persons receive care in managed care settings. The effect on public health agencies of losing medicaid populations and the potential benefits for integrating public and private health information systems will be assessed as part of this project. Based upon the study's findings, the contractor shall recommend actions to be taken by the Division of Public Health Systems, Public Health Practice Program Office in the areas of (1) policy planning; (2) program modifications; (3) allocation and organization of resources; and (4) responses to legislative and /or congressional inquiries.

Problem :

In the public sector, the Institute of Medicine (IOM) study, the Future of Public Health, advocated that public health agencies emphasize three core functions of public health -- assessment, policy development, and assurance. State and local agencies that take the IOM's counsel to heart will be de-emphasizing their traditional focus on service delivery to indigent and special populations and redeploying their time and resources to these core functions. Concurrently, in the private sector, restructuring of the health care industry and changes in the nature of reimbursement for health care services are generating increased interest in public health models. Many health plans are reimbursed on a capitated basis in which the plan assumes responsibility for provision of health care to covered populations within an assigned budget. Such plans would be expected to emphasize cost-saving prevention and early intervention to conserve resources, and those dealing with urban and special populations for the first time would be expected to adopt the augmented service models that are common in the public sector. While the incentives for private sector health organizations to adopt public health models exist in theory, little attention has been paid to documenting private sector activities.

Objectives :

The purpose of this task was to examine the emerging role of private health care providers in provision of their services.

Methodology:

Eight case study organizations were selected based on information obtained from the literature and from a variety of key informants in the health care industry. The key informants and other sources resulted in identification of a pool of 73 private health care organizations providing essential public health services. Of these, 23 were included in the lists of two or more sources. From this reduced pool, the project chose eight finalists that included a mix of geographic regions and of health systems and managed care organizations. Information on each site was gathered through telephone discussions and site visits. In screening calls, project staff used the essential public health services terminology to identify relevant activities and ensure a common definition of "public health" across sites. Site visits from 1.5 to 3 days examined each activity in more depth, using a semi-structured and customized discussion guide.

Findings :

The project found community-minded, not-for-profit organizations in transition. While all acknowledge the changing health care environment, these changes were not motivating prevention and public health efforts, which were dispersed throughout the organization, generally unconnected to each other or to a larger strategy of any kind. As health care organizations are squeezed financially by declining admissions and lengths of stay, purchaser pressure, changing practice patterns, and massive changes in the reimbursement structure, all activities are being held to a stricter standard: contribution to the business strategy.

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PHPPO94-116 200-93-0696 Program-Funded	Adcock David (404)639-1992	9/30/94 3/15/96	Macro PHPPO $124,895.00	The Effect of Mandated Managed Care for Medicaid Populations on the Practice of Public Health

Prevention activity is not solidly established as part of these organizations' business strategy for the following reasons: (1) Managed care and, in particular, full-risk capitated reimbursement have not yet become major parts of the payor mix for most of the case study organizations. (2) The tumult of downsizing, re-engineering, and mergers and acquisitions has left few organizations likely to take on additional responsibilities until the dust settles. (3) The demise of Federal health reform and its model of universal coverage and integrated service networks has slowed and sidetracked efforts. (4) Competitive markets in most cities have driven down premiums, leaving MCOs with few resources to devote to these activities unless the purchaser requests them. Furthermore, there are too many competitors to make cooperation on population-based approaches feasible.

Recommendations :

While, in time, the reimbursement environment may change sufficiently so that prevention is good business strategy, most respondents were clear that, in the short run, more private activity in these areas would be the result of external forces, including: (1) Employer pressure to include prevention activities in the core services provided in their contracts. (2) Quality assurance (QA) measures and report cards, since MCOs will respond first to those things on which they are monitored. (3) Community benefit standards including legislated mandates for community participation by not-for-profit health care organizations. (4) Governmental and other external mandates that encourage private sector organizations to become involved in assessment, policy development, and assurance activities. (5) Government contracts for Medicaid managed care and for health care coverage of public employees to leverage increased private activity in prevention and public health. (6) ERISA reform to further level the playing field by limiting the ability of large employers to avoid mandated benefits by self-insuring. Even though roles of private organizations are just beginning to shift, and efforts are just getting under way, some technical assistance needs are apparent and frequently expressed: (1) prevention guidelines; (2) behavior change models; (3) neighborhood coalitions; and (4) Data for management decisions. This project studied only HMOs and health systems, but the results indicate that other entities also will play important roles in provision of essential public health services. State and local health departments will need to relate to and understand the motivations and needs of a host of new actors, many of whom will not be accountable to the health department.

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